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**A REPORT ON
THE FIRST TRACKING SURVEY OF
AIDS KNOWLEDGE, ATTITUDES, AND BEHAVIORS
IN
SAN FRANCISCO'S BLACK COMMUNITIES**

1988-1989

Volume I

Conducted for the

**AIDS Surveillance Office
San Francisco Department of Public Health**

By

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EXECUTIVE SUMMARY

This survey is the second in a series designed to document the AIDS-related knowledge, attitudes, beliefs, and behaviors in San Francisco's Black communities and to measure changes in those conditions over time. The first survey was conducted in the spring of 1987 and established baseline measures. It consisted of 400 face-to-face interviews with a population-based sample of Black adult residents of San Francisco.

This survey was conducted in the fall and winter of 1988-89. Face-to-face interviews were conducted with 350 Black adult San Franciscans. Respondents were selected using a random block-random household sampling procedure in those census tracts that had Black populations of 50% or more in 1980.

Awareness of the Threat of AIDS

The proportion of respondents who had heard about AIDS was over 95% in both 1987 and 1988. However, the proportion of those knowing a PWA increased significantly from 1987 when 20.9% knew a PWA to 35.8% in 1988.

While 81% of the respondents agreed that "AIDS is a serious problem for Black people," it was not clear that the respondents all felt it was equally serious. Although the proportion of respondents identifying AIDS/ARC as the most serious health problem confronting the Black community increased significantly over the 1987 baseline, still less than 50% of survey respondents felt it was the most serious health threat faced by the Black community.

In terms of personal concern, 84% of the respondents said that they considered their own risk of AIDS "to be very low." On a scale of 1 to 10 where respondents were asked to indicate their personal level of concern about AIDS, the mean score in 1988 was an extremely moderate 5.9--a score not significantly different from the mean (7.2) in 1987.

Those more likely to view AIDS as a threat to the Black community and to be personally concerned about AIDS were generally younger, likely to report that they had changed behavior due to AIDS, likely to have engaged in various risky sexual or drug behaviors, and more likely to know a PWA, and to be single or live with a lover.

Knowledge about AIDS

In 1987 respondents were very knowledgeable about how HIV is and is not transmitted. However, knowledge levels increased significantly in 1988 in five of 11 instances where the same questions were asked on both the baseline and tracking surveys.

In general, respondents have firmly grasped that HIV is transmitted through sexual contact, needle-sharing, and from mother to child. Nevertheless, although it decreased between 1987 and 1988, there is still substantial confusion about casual transmission. Respondent confusion appears to have some logical consistencies, though.

The percentage of respondents who said they believed that various forms of casual contact were risky increased as the closeness and intimacy of contact--and, in accordance with classic germ theory, potential for exposure to germs--increased. About thirty percent (30.7%) said they believed HIV could be transmitted by kissing; 25.0% by drinking from the same glass; 19.1% from being exposed to a cough or sneeze, 17.3% from eating food handled by an HIV+ person, down to shaking hands at 6.1%.

Another area of confusion was related to the medical use of needles. Respondents now have a good understanding that needle-sharing by intravenous drug users is an efficient route of HIV transmission. This perception of risk seems to have been generalized to other forms of needle use--including those used to draw blood for lab tests, in donating blood, and in giving blood transfusions. The confusion about mosquitos may also be related to concern about transmission through needle use since most people are aware that mosquitos draw blood.

Knowledge about which sexual practices are safe and which are risky also increased significantly between 1987 and 1988, although there is still a great deal of uncertainty about the safety of anal intercourse with a condom (48% believed it was unsafe, 41% believed it was safe, and 11% were not sure), about oral sex, and about touching a partner's sex organ. Only 60% of the respondents were aware that five or more years could pass between infection with HIV and the development of symptoms, and intravenous drug users (IVDUs) in particular, were less likely to know that female to male transmission was possible.

The respondents who were likely to have higher levels of knowledge about AIDS transmission routes than the sample as a whole included individuals age 30 to 39 and 18 to

29; those who had engaged in risky sexual behaviors or injected drugs, those who know a person with AIDS (PWA), people who were single or lived with a lover; those with children; and those with more education and higher incomes. The likelihood of being more knowledgeable about the comparative risk of various sexual practices was associated with knowing a PWA and with reported attempts to change behaviors due to the AIDS epidemic.

Risk Levels and Risk Factors

In 1987, 35.7% of the respondents were assumed to be at risk of exposure to HIV as a result of their sexual or drug-using behavior. In 1988, based on a formula used in a companion survey conducted in San Francisco's Latino community, a total of 30.6% of the respondents were found to be at risk. The difference, however, was not statistically significant.

Since 1987 the mean number of sexual partners during the year prior to the survey declined from 3.67 to 2.55. That decline was statistically significant. Those respondents who reported that they had a higher than average number of sexual partners during the year were younger, more likely to have risky partners or to participate in unprotected sexual intercourse, and more likely to be bisexual than either heterosexual or homosexual.

The percentage of respondents reporting that they had homosexual or bisexual partners also declined from 7.0% in 1987 to 2.6% and the percentage with partners who abused non-intravenous drugs or alcohol declined from 20.1% to 13.9%. Non-significant declines also occurred in the percentage of respondents who had sexual partners who injected drugs and shared needles, who exchanged sex for money, or who had unknown sexual histories.

However, the percentage of respondents who had partners who had sexually transmitted diseases increased between 1987 and 1988 as did the percentage of those who had partners with AIDS or ARC--from 0.5% in 1987 to 1.8% in 1988. And another 1.2% had partners who were HIV+, but were not yet symptomatic.

With the exception of a statistically significant decline in the percentage of respondents who reported that they engaged in oral sex that involved the swallowing of semen, there were no differences in the incidence of other sexual behaviors respondents engaged in during the month before the survey in 1987 and 1988. Analysis also showed that

many of those reporting that they'd engaged in protected vaginal or anal intercourse also engaged in unprotected intercourse and did so with greater frequency.

Respondents reported a high degree of substance abuse. Forty-four percent said that they had used marijuana at least once during the year, 29% had used cocaine, and 17% had used "crack." Just over seven percent (7.4%) had injected drugs during the year prior to the survey--a percentage virtually identical to the 7.3% of the sample who were intravenous drug users in 1987--and another 4% admitted to having injected drugs more than a year before the survey. About 40% of those reporting intravenous drug use within the past year had also shared needles.

About a third of those who had ever shared needles said that they'd shared needles with gay IVDUs and with people who had later developed AIDS or tested positive for HIV. Needle sharing was also correlated with unprotected anal and vaginal sex.

A sizeable minority of the sample reported that they'd been high on non-intravenous drugs when they'd had sex. Almost forty percent (38%) said they had been high on alcohol, 23% on marijuana, 13% had used cocaine, and 8% had used crack during sex. Drug use during sex correlated highly with having unprotected vaginal and anal sex and with having partners who were HIV+, had an STD, or were intravenous drug users.

In looking across all of the demographic and attitudinal variables used to discriminate between various segments of the sample, it became clear that the 30.6% of the Black population who were at some heightened risk of exposure to HIV as a result of their sexual and/or drug using behaviors shared several statistically significant characteristics.

They were more likely to be men. They were more likely to be young--under forty in general and between 18 and 29 years of age in particular. They were more likely to know a PWA. They were more likely to be bisexual. They were more likely to be either single or to live with a lover. They were more likely to have at least a high school education. They were more likely to have been in jail at some point for more than three days and they were less likely to attend church. They were more knowledgeable about how HIV is and is not transmitted. They were also more likely to feel personally vulnerable to AIDS and to report that they had made some change in their behaviors due to AIDS.

Antibody Testing

Almost ninety percent (87%) of the respondents said that they'd heard of the antibody test. Nevertheless, only about fifty of the respondents had taken the test and only about 1 in 5 said that they were "very likely" or "somewhat likely" to take the test in the future. Strikingly, none of the IVDUs said that they were likely to take the test.

Risk Reduction

Almost half (47%) of the respondents said that they had made changes in their behaviors due to AIDS. However, they have not made the kinds of changes in behavior that are most likely to be effective in reducing risk. Although over eighty percent of them said that they believed that condoms can reduce the spread of AIDS, only 27% reported that they used condoms more often. Others used less effective strategies for reducing transmission of the virus--40% indicated that they'd been more careful in choosing partners and 25% said that they'd had fewer partners.

Respondent's attitudes about condom use were highly varied. Although there were broad agreement that they were easily available and a majority of the respondents felt that they knew how to use them correctly, opinions about comfort and sensation were more divergent, and a substantial proportion of the respondents said that they were not sure that condoms were needed in monogamous relationships or with partners who had good hygiene.

The majority of the respondents also reported that they were comfortable asking their partners about their sexual histories--except that they indicated that they would feel least comfortable asking about STDs and HIV status. Those respondents with less than a high school education also indicated that they felt much more uncomfortable in asking partners about their sex and drug using history.

Intravenous drug users also indicated that they were attempting to reduce their risks as well. They said they were using bleach more frequently to clean needles. Female IVDUs, in particular, were more likely to clean their needles than men and more like to have decreased needle sharing behavior.

Effectiveness of Prevention Education

Almost ninety percent (88%) of the respondents reported that they had received or seen AIDS educational materials in the prior year and between 24% and 83% said they recalled specific messages. The messages that respondents recalled most seemed to be associated with various demographic characteristics of the population--a fact which suggests both that highly targeted educational programming that emphasizes the effects of the epidemic on Black people should be employed in the Black community and that particular at-risk segments of the Black population--such as women, parents, IVDUs, bisexuals, etc.--can be targeted effectively.

Conclusion

There is little reason for optimism--but pessimism is not justified either. Although those at highest risk have not substantially reduced their risks despite their high levels of knowledge about AIDS, their acquaintance with PWAs, and their sense of personal vulnerability, these factors provide a basis for developing effective risk reduction strategies.

To do so, however, prevention efforts need to be more carefully targeted on various "market segments." The population that is not at risk has to be supported in maintaining safe behaviors and the general message that AIDS is having a disproportionate effect on Blacks has to continue to be emphasized. Those segments of the population that seem as a result of educational deficits to not have gotten the basic information about AIDS need continuing information efforts aimed at them as well. For those most at risk however, efforts need to move beyond the provision of general information about AIDS transmission to a focus on personalized risk assessment, emphasis on the de-coupling of sex and drugs, increased clarity about the effectiveness of various risk reduction strategies, skill building in risk reduction, and the development of new community norms around issues such as condom use and needle cleaning.

The media through which prevention messages are delivered also needs careful consideration. The messages that were recalled most frequently by respondents were not those that were broadcast on television and radio for the most part. The major CDC sponsored "America Responds to AIDS" message was recalled by only 57% of the respondents and even the spot that the campaign specifically targeted Blacks, "Why did my Daddy die of AIDS?" only had a recall level of 36%. In contrast, the most highly recalled messages, "Black People Get AIDS Too," "AIDS kill women and babies," and

"Bleach . . . clean it with bleach," were distributed on billboards, print materials like brochures, and on non-traditional media like buttons. This is not to suggest that mass media cannot be effective--more it is meant to recommend that educational efforts continue to be diversified, that other non-traditional media be employed as well, and that TV and radio airplay be more effectively targeted for Blacks.

Finally, the substantial proportion of the respondents (8% within the past year and 14% at some time in the past) who reported that they had been in jail for more than three days suggests that the courts might be a useful place to distribute AIDS educational materials and that educational efforts within the local prison system be expanded.

1.0--BACKGROUND

In 1987, Polaris Research and Development, under a contract with the San Francisco Department of Public Health, designed and conducted a baseline study of AIDS-related knowledge, attitudes, and behaviors in San Francisco's Black communities. During a three-month period in the spring of that year, in-depth, face-to-face interviews were conducted with 400 randomly selected Black adult residents of San Francisco. The survey was the first population-based study of the knowledge, attitudes, and behaviors of Black adults related to AIDS in the nation, and the insights developed in the course of the study have been used to guide AIDS prevention planning and programming and research methodology in a number of other communities throughout the United States. Over three hundred copies of the report describing the key findings and conclusion of the baseline survey have been distributed in response to requests in the two years since it was completed. Findings of the baseline study included:

- Over 98% of the sample had heard or read about AIDS.
- Seventy-nine percent (79%) were personally concerned about AIDS although AIDS ranked behind hypertension and cancer as health concerns. Younger respondents were more likely to perceive AIDS as the pre-eminent risk to their health, and women--with the exception of bisexual women--were more concerned than men.
- Seventy-two percent (72%) were fearful of getting AIDS and think about it with some regularity.
- Although 90% of the respondents believed that AIDS was likely to become a problem for the general public, only 83% believed that it was likely to be serious for Black people.
- Respondents were more familiar with the concept of "risk groups" than they were about "risk behaviors." Only 73% believed that sexually active heterosexuals were at risk, while 84% thought that homosexual women were likely to contract AIDS. About 53% either believed or did not know if "Black people who have sex with white people" were at risk. Most of the respondents knew that homosexual men were at risk but were uncertain whether bisexual men were as well.

- Confusion about the possibility of exposure to HIV through casual contact was widespread. One in every four respondents did not know that touching someone with AIDS did not put them at risk; over 60% did not know that HIV could not be transmitted by sharing a drinking glass; 63% did not know if kissing was a risk behavior; 55% were confused about the risks of eating food handled by someone with AIDS, 33% did not know whether working with an infected person would place them at risk and almost 25% were not sure that children could safely attend school with a classmate who was infected.
- Men were significantly more active sexually than women. The mean number of male partners among men was 3.04 as compared to 1.97 for women. Men also reported an average of 4.83 female partners while women who had sex with other women had an average of 3.06 partners.
- Over 35% of the sample were at risk of exposure to HIV as a result of the kinds of sexual partners they had, the sexual practices in which they engaged, or their drug use behaviors.
- Intravenous drug users (IVDUs) comprised about 7% of the sample. Most--about 3 of every 5--admitted that they shared needles with other users. That group had shared needles with a minimum of 34 other people in the six months prior to the survey. Most of those with whom they shared needles were "friends" or "associates" rather than spouses or lovers.
- Another 5% of the sample had sexual partners who were intravenous drug users. And yet another 8% were not sure if any of their partners had injected drugs.
- Half of one percent (0.5%) of the respondents had at least one sexual partner who had been diagnosed with AIDS or ARC.
- Between three and four percent (3.5%) of the respondents--about 7% of the males--self-identified as homosexual. All reported either high risk partners or high risk behaviors.
- Another 7% of the male respondents self-identified as bisexual. They had more sexual partners than either homosexual or heterosexual men and women and they were more likely to engage in unprotected high risk sex. They were also distinguished from the homosexual men in the sample in several other ways.

They were younger, poorer, and less well educated. They were also less likely than gay-identified men to view sex with another man as a risk behavior. Over a third of the bisexual men had children.

- A large sub-group of self-identified heterosexual men were highly active sexually and engaged in high risk sexual behaviors. They had very low levels of knowledge about AIDS transmission routes, reported little concern with AIDS or other STDs, and were least likely to know the sexual, health, or drug histories of their partners.
- Although bisexual women are not ordinarily viewed as a group that is at high risk of exposure to HIV, these women--about 6% of the female respondents--were extensively engaged in risky sexual behaviors and had a large average number of partners.

2.0--STUDY OBJECTIVES

The survey conducted in 1987 was intended to obtain data useful in developing effective AIDS prevention programming for San Francisco's Black communities. The types of data considered most useful included the number and characteristics of those at increased risk, their levels of awareness, knowledge, and concern about AIDS, the range and prevalence of risk behaviors, individual and community attitudes supporting or hindering risk reduction, and appropriate channels for dissemination of AIDS prevention messages. It was also designed to establish a baseline against which to measure changes in AIDS-related knowledge, attitudes, beliefs, and behaviors.

The tracking survey conducted in the fall and winter of 1988-89 was designed to identify and determine the significance of any changes occurring since 1987, to assess the penetration and recall of AIDS prevention messages, and to provide additional insights about effective community interventions.

3.0--METHODOLOGY

3.1--Baseline Survey: Sampling and Survey Methodology

Four hundred randomly selected Black adult residents of San Francisco were interviewed for the baseline survey between April and June 1987. The margin of error in a sample of this size was within $\pm .05$ at the 95% level of confidence. This means that the reader can be confident 95% of the time that the results of the survey should vary by no more than 5% from those that would have been obtained if every Black adult in San Francisco had been interviewed.

To assure that the sample was geographically stratified, the proportion of Black residents in each of the U.S. census tracts in San Francisco in 1980 was applied to the sample in order to develop numerical quotas for sub-samples in each tract. After those census tracts with less than an N of 1 were eliminated the remaining tracts were aggregated by zip code.

A set of randomly generated telephone numbers for San Francisco prefixes as then used to assure that every household--and by extension, every Black household--in San Francisco had an equal chance of being called. Telephone calls to the numbers on the lists were made mornings, afternoons, and evenings on weekdays and weekends. Non-working numbers, businesses and public and private agencies were excluded from the sampling frame.. Two recalls were made to every number if they were not answered when the first call was attempted. Those answering the phone at residences were screened to determine whether any Black adults lived in the household. Black adults were then informed about the purpose of the survey and asked if they would agree to a face-to-face interview. Appointments were scheduled at a location of the interviewee's choice. As interviews were completed the respondent's zip code was entered on the map. When zip code quotas were filled no more interviews were conducted with respondents who lived in those zip codes even if they were otherwise qualified.

Over six thousand (6,058) random calls were made. Of that number, 8.98% or 544 households were Black. Two hundred ninety of those eligible agreed to be interviewed. Eight failed to keep their appointments. Interviews were completed with 282 respondents who were identified through the random digit dialing telephone screening process. The refusal rate for telephone contacts was 48.2%.

After all of the random numbers on the replicates had been contacted or had been called three times without establishing contact, a supplementary system of community intercepts was used to identify additional respondents. Staff were assigned to locations in "unfilled" zip codes which were likely to attract a cross-section of residents in the area. Locations included supermarkets, post offices, libraries, recreation facilities, health centers bus stops, laundromats, beauty parlors, restaurants, and churches. Staff assigned to identify respondents through intercepts were provided with zip code quotas and demographic profiles based on census data that defined the characteristics of "empty cells" in the profile of the census tracts in each zip code.

In addition, a small randomized household sample was drawn from several different housing projects (N=19) and residence hotels (N=7) in order to assure that people who were less likely to have telephones were not excluded from the sample.

A total of 124 contacts were made through community intercepts and the door-to-door sampling in public housing projects and residence hotels, and 118 interviews were completed with respondents identified in this manner. The refusal rate for intercepts was 4.8%.

The same staff made telephone contacts, intercepts and conducted interviews. They were all Black men and women. They ranged in age from their early 20s to mid-50s and included public health nurses, drug program counselors, drug abuse street workers, academics, educators, and sales persons. Staff was trained extensively and supervised by Polaris. Periodic group sessions also allowed for peer consultation and discussion of problems encountered in the field.

The instrument was created with input from health providers, consumers, and ethnographers among others. It was reviewed by the Black Coalition on AIDS and pretested in the field by public health nurses.

All interviews were face-to-face and averaged 49 minutes in length. They were conducted in respondent's homes, community agencies, public health centers, churches, restaurants, parks, and the Polaris office or other sites if desired by respondents. At the conclusion of the interview respondents were paid a small fee for their participation.

Two strategies were employed to increase the likelihood that respondents would be frank and open in answering questions that by their very nature address sensitive issues of

personal behavior. First, in all contacts with respondents it was stressed that the study focused on health issues in the Black community--including, but not limited to, AIDS. Second, respondents were only asked to discuss AIDS and to provide information about their sexual and drug using behaviors after they had been asked to provide similar information about high blood pressure, strokes, cancer, and their general health care habits and concerns.

Respondents proved to be forthcoming and willing to answer most of the questions posed to them. True non-response rates rarely exceeded 5%. Moreover, the interviewers reported numerous instances where respondents either thanked them for inviting them to participate or expressed appreciation for SFDPH's interest in health issues in the Black community.

3.2--First Tracking Survey-1988: Sampling and Survey Methodology

At the request of the San Francisco Department of Public Health, a different method of sample selection was employed for the tracking survey than for the baseline survey. The demographic profiles of the sample actually interviewed in each survey and the U.S. Census profile for San Francisco's Black population in 1980 are included in section 3.3 (below).

The sample for the first tracking survey in 1988 consisted of a self-weighted sample of 350 English-speaking Black adults residing in those census tracts in San Francisco that had a Black population of >50% in 1980 according to the U.S. Census of Population. Non-transient residents of hotels, motels and rooming houses were also eligible as well as all those living in a non-institutionalized setting in those tracts.

A stratified, two-stage cluster sampling approach was employed. City blocks served as the primary sampling units. Housing units were the listing elements. Within sampled housing units, one adult was selected to be interviewed.

The overall sampling frame was constructed by obtaining estimate of the population of Black residents in each of the city's census tracts. All census tracts with 50% or more Blacks in 1980 were included in the frame. Blocks for the 13 selected tracts were listed in order by tract and block numbers. Seventy-five blocks were selected with probabilities proportionate to their estimated number of housing unit. This selection was performed systematically from a cumulative series of block sizes with a new random start.

Fifty of the 75 blocks were then selected randomly as the primary sample blocks. The remaining blocks were reserved for use if additional blocks were required to complete the sample. Field staff were sent to each of the 50 blocks in the primary set with instructions to list all occupied dwelling units on the block. Starting from the northeast corner of each block, each dwelling unit was listed by its street address and by apartment number or locational descriptor. It was anticipated that 20 housing units would be selected from each block using a randomly selected start number and an interval based on the quotient of the total number of dwelling units on the block divided by 20. For example, on a block with 60 dwelling units, the spacing interval would be three and if a random starting number of two was selected, field staff was directed to start with the second housing unit from the northeast corner and to select every third unit after that to contact.

The original sampling plan called for an enumeration of all Black adult members of each household contacted by age and sex and random selection of the desired respondent using a random selection schema that was generated for each block.

Several problems were encountered, however, which required modification of the sampling approach. First, drug dealers in several neighborhoods harassed and threatened field staff during the enumeration process. Despite extensive advance publicity and distribution of poster describing the study throughout the community, dealers seemed to believe that field staff were undercover police performing surveillance or that they were scoping out the territory for rival dealers.

Second, household members were often suspicious of field staff when they asked for a listing of all of the adult members of the household. As a result, the process was modified to select the person who answered the door if that person was otherwise qualified.

The basic principles of culturally sensitive instrument design and staffing that guided implementation of the baseline survey were utilized in the tracking survey.

3.3--Comparison of Demographic Profiles: Baseline and First Tracking Survey

Demographic Profiles on the following pages.

3.3--COMPARISON OF DEMOGRAPHIC PROFILES: BASELINE AND FIRST TRACKING SURVEY

1. Demographics of Black Adult Sample - 1987 Baseline and 1988-89 Tracking Surveys

<u>Descriptor</u>	<u>1980 U.S. Census</u>	<u>1987 Baseline</u>	<u>1988-89 Tracking</u>
Gender		N=400	N=350
Male	49%	45.5%	46.4%
Female	51%	54.5%	53.0%
Marital Status			
Live alone	14%	27.2%	N/A
Married (male)	33.0	18.3%	} 23.5
Married (female)	29.0	19.9%	
Single (male) ⁽¹⁾	44.0	60.5%	} 62.5
Single (female)	33.0	60.7%	
Age			
18 - 24	19% ⁽²⁾	21.2	12.7
25 - 34	17	33.8	26.5
35 - 44	11	23.2	21.6
45 - 54	10	8.6	12.1
55 - 64	10	8.1	11.8
65+	8	5.3	15.7
Education			
< High School	18	18.9	16.0
Complete High School	49	28.7	67.4
Complete College	32	43.8	12.0
Post-Graduate	N/A	7.9	4.6
Income			
< 10,000	45%	31.6	32.4 ⁽³⁾
10,000 - 20,000	27%	20.1 ⁽⁴⁾	16.6% ⁽⁴⁾
20,000 - 35,000 } 35,000 - 50,000	24%	30.4 ⁽⁵⁾	27.0% ⁽⁶⁾
> 50,000	2%	6.9%	9.4 ⁽⁷⁾ .3%

¹Includes single people who are not living with a partner and people who are divorced, separated, or widowed.

²Includes those 15 - 18 years of age.

³<\$3,000 = 6.6% and \$3,000 - \$12,000 = 35%

⁴\$12,000 - \$18,000

⁵\$18,000 - \$50,000

⁶\$18,000 - \$30,000

⁷\$30,000 - \$50,000

2. Calculation of Percentage of Black Adult Sample at Risk in Past Year ⁽¹⁾ (Based on definitions used in Latino survey)⁽²⁾ 1988 - 1989

Percent engaged in "unsafe" sexual behavior in past year	28.7%
Percentage <u>possibly</u> engaged in "unsafe" sexual behavior in past year	2.3%
Percent engaged in safe sexual behaviors in past year	64.2%
"Unsafe" drug behavior in the past year	4.3%
Unsafe drug behavior ever	6.6%
All "unsafe" behavior in past year	30.6%

¹ Data on behaviors during "past month" is not comparable to Latino survey.

² Definitions used to calculate total at-risk population in Latino survey do not include:

- % who had Partners with STDs
- % who had pre-1985 transfusees as sexual partners
- % with alcohol abusing sexual partners

3.4--About this Report

The main body of this report consists of a discussion of the survey findings accompanied by tables. Each table consists of frequency distributions or means from the 1988 tracking survey and, where analogous data was available, from the baseline survey. Data from the two surveys was compared using chi-square analysis. Degree of significance is indicated on each table as appropriate.

Pearson correlations between various dependent variables were also computed in order to identify the direction and significance of any interrelationships at the 95% confidence level. They are indicated in the text wherever they were found to exist. In other cases, crosstabulations or analysis of the difference between means were employed to identify relationships between the variables.

The following independent variables and scales were used to highlight and explain differences between subgroups of the population:

1. Age (Question 43)
2. Behavior change (Question 30--a dichotomous variable)
3. Knowing a person with AIDS (Question 14--a dichotomous variable)
4. Marital status (Question 45)
5. Household size (Question 48a)
6. Children in household (Question 48c)
7. Education (Question 51)
8. Income (Question 52)
9. Gender (Question 44)
10. Sexual behavior (a composite variable based on types of sexual partners and sexual practices during the 12 months prior to the survey)
11. Unsafe drug use (a composite variable based on intravenous drug use during or before the 12 months prior to the survey)

12. All unsafe behaviors (a composite variable based on both sexual and drug using behaviors)
13. Personal vulnerability (a scale based on eight questions)

In addition, five other scales were used in an attempt to explain the respondents' knowledge, attitudes, beliefs, and behaviors:

1. Personal efficacy--a scale based on five questions that measures sense of control over health behaviors.
2. Anomie--a scale based on five questions that measures alienation.
3. Desire for information--a scale based on two questions that measures interest in receiving additional information about AIDS.
4. Seriousness of AIDS--a two question scale that measures the degree to which AIDS is perceived to be a serious problem.
5. Social norms--a scale based on five questions that measures perceptions of peer support for behavioral change.
6. Sexual preference--a ten point scale measuring the extent to which sexual partners have been exclusively same sex or opposite sex.

Volume II of this report consists of the tables displaying frequency distributions for each item by the independent variables.

4.0--AWARENESS OF THE AIDS EPIDEMIC

Three variables were employed to measure the respondents' level of awareness of the AIDS epidemic: whether they had received an AIDS or ARC diagnosis; whether they had heard or read about AIDS; and, whether they knew any one with AIDS.

4.1--Percentage of Respondents Diagnosed as Having AIDS or ARC (V120)

Of the 333 respondents who answered this question on the 1988 tracking survey, 1.8% (N=6) reported that they had been diagnosed with AIDS or ARC. Two-thirds of those reporting an AIDS/ARC diagnosis were between 18 and 29 years of age. One-third reported unsafe drug use within the past year and half reported some unsafe behavior within the past year. All were single although 83% lived with a lover. None of their partners had been diagnosed with AIDS or ARC. However, having an AIDS/ARC diagnosis also correlated with having unprotected anal intercourse within the month prior to the interview ($p = <.001$).

In 1987, 0.5% (N=2) of the respondents who answered the question had been diagnosed with AIDS or ARC.

The difference between 1987 and 1988 is not significant at the 95% level of confidence.

TABLE 4.1--RESPONDENTS WITH AIDS OR ARC

QUESTION 2a--Have you . . . had any of the following conditions or illnesses in the past 12 months? AIDS/ARC?

	Survey Year		Significance
	1987	1988	
Percentage "yes"	0.5%	1.8%	NS
Sample	391	333	

4.2--Percentage of Respondents Reporting They Had Heard or Read About AIDS (V216).

Almost all (96.8%) of the 349 respondents who answered this question had heard or read something about AIDS. There were no significant differences between those respondents who had and those who had not heard or read about AIDS except that those who reported that they had not made changes in their behaviors as a result of AIDS were slightly less likely to have heard or read about AIDS (94%) than those who reported some attempts to change behaviors (100%). Those respondents who had low personal vulnerability scores also were slightly less likely to report that they had heard or read about AIDS (93%).

In 1987, 98.7% of the 395 respondents reported that they had heard or read about AIDS. The difference was not significant.

TABLE 4.2--RESPONDENTS WHO HAD HEARD OR READ ABOUT AIDS

QUESTION 12--Have you heard or read anything about AIDS (Acquired Immune Deficiency)?

	Survey Year		Significance
	1987	1988	
Percentage "yes"	98.7%	96.8%	NS
Sample	391	349	

4.3--Percentage of Respondents Who Have Known a Person with AIDS (V219).

Slightly more than a third (35.8%) of the 344 respondents who answered this question reported that they have known someone with AIDS. The mean number of PWAs known by respondents was 4.5.

The proportion of men and women knowing someone with AIDS was virtually the same (36% and 35% respectively) although those respondents between 30 and 39 years of age were more likely to have an acquaintance with AIDS (48%) than those who were either younger or older. Those respondents who had attended college were also more likely to know a PWA (44%) than those who had only completed high school (29%) or those who had less than a high school education (21%). In addition, respondents reporting that they had made changes in their behaviors as a result of AIDS were more likely to know a PWA (49%) than respondents not reporting behavioral change (23%). Those reporting "unsafe" or "possibly unsafe" behaviors (63% and 48% respectively) in comparison to those reporting only "safe" behavior (30%) were more likely to know a PWA. Those reporting "unsafe drug use" in the past were also more likely to know a PWA (73%) than those with no drug use history (33%).

Knowing a PWA also correlated positively and significantly with:

- A diagnosis of AIDS or ARC.
- Self-reports of sweating ($p = <.05$); infections lasting more than a month ($p = <.05$); swollen lymph glands ($p = <.05$); diarrhea ($p = .01$); and/or unexplained weight loss ($p = <.05$); alcohol or drug abusers ($p = <.05$); and/or homosexual or bisexual males ($p = <.01$).
- Use of cocaine ($p = <.001$); crystal ($p = <.05$); demerol ($p = <.05$); valium ($p = <.05$); quaaludes ($p = <.05$); PCP ($p = <.05$); and/or prescription drugs ($p = <.001$).
- Injecting drug and sharing needles ($p = <.01$); and using bleach to clean needles ($p = <.05$).
- Buying condoms ($p = <.05$).

Respondents knowing a PWA are more likely to have higher personal vulnerability scores (52%) than scores in the low or medium range (26% and 28% respectively); that is, they feel more vulnerable to exposure to AIDS.

In 1987, 26.9% of the 391 respondents reported knowing someone with AIDS. The difference was significant.

TABLE 4.3--RESPONDENTS KNOWING A PWA

QUESTION 14--How many people with AIDS have you known?

	Survey Year		Significance
	1987	1988	
Percentage "yes"	26.9%	35.8%	p < .01
Mean	---	4.5	
Sample	391	344	

5.0--PERCEIVED THREAT OF THE AIDS EPIDEMIC

Nine variables were employed to assess the extent to which Black adult respondents perceive AIDS to be a threat. Two variables (V548 and V552) comprise a general "seriousness of AIDS" scale. Both variables assess the extent to which respondents feel AIDS is the worst disease that can be contracted. Four other variables (V240, V140, V147, and V541) assess the extent to which AIDS is specifically perceived to be a threat to the Black community, and three variables (V217, V535, and V554) focus on the extent to which respondents perceive AIDS to be a personal threat.

5.1--Perceived Seriousness of the AIDS Epidemic (V548, V552)

5.1.1-V548 asked respondents if they "agreed," had "no opinion," or "disagreed" with the statement "AIDS is a serious disease, but I can think of other diseases that would be even worse to have." Sixty-nine percent (69%) of the 347 respondents who answered disagreed, 6% had no opinion, and 25% agreed. Those reporting that they had made behavioral changes due to AIDS were slightly more likely to disagree with the statement (75%) than those reporting no changes in behavior (63%). Those reporting a prior history of drug use or unsafe drug use in the year before the survey were less likely to disagree with the statement (57% and 60% respectively) and more like to express no opinion (17% and 13% respectively) than those without a history of drug use. Married respondents were also less likely to disagree (59%) than those who were single, divorced, widowed, or living with a lover. Women were significantly ($p = <.01$) more likely to disagree (74%) than men (62%).

5.1.2-V552 asked the obverse question. Respondents were asked if they "agreed," had "no opinion," or "disagreed" with the statement "I can't think of anything worse than getting AIDS." Seventy-five percent (75%) of the respondents agreed with the statement, 6% had no opinion, and 20% disagreed. Those who were divorced or widowed were somewhat less likely to agree (70%) as were those earning less than twelve thousand dollars a year. In contrast, women were significantly ($p = <.01$) more likely to agree with the statement (81%) than men (67%).

The mean for the two item scale was 1.41.

Conclusion: The Black community perceives AIDS to be a very serious disease, and about 70% or more of the respondents believe that AIDS is the most serious disease one can get. Women are even more likely than men to have this view.

Neither of these items was included in the 1987 baseline survey.

5.2--Perception of AIDS as a Threat to the Black Community

5.2.1-V240 asked respondents whether they thought that the statement "There is very little AIDS among Blacks and Hispanics in this country" was "true," "false," or whether they were "not sure." The majority of the respondents (61.6%) thought that the statement was "false." Only 12.7% believed it was "true," but 1 in 4 (25.75) were not sure.

Respondents between the ages of 30 and 39 were more likely to believe that the statement was "false," as were those indicating that they had made some changes in behavior as a result of AIDS (66%), and those reporting a history of unsafe drug use (82%) and unsafe drug use within the year prior to the survey (80%). Knowing a PWA also distinguished between those who felt the statement was true and those believing it to be false. Eight out of ten (80%) of those respondents who knew a PWA believed the statement to be false while only 52% of those who did not know a PWA thought it was false.

Those reporting that they did not know a PWA were also almost three times as likely to be unsure about whether the statement was true or false (33%) than those who knew a PWA (12%), and those who had never used drugs were almost two times as likely to be unsure whether the statement was true or false (26%) than those with a past history of drug use (14%).

Married respondents were less likely to believe that the statement was false and more likely to believe that it was true.

This item was not included in the 1987 baseline survey.

Conclusion: Almost forty percent (38%) of the respondents either were not aware that AIDS has infected Blacks and Hispanics disproportionately or did not believe it.

5.2.2-V140 asked respondents to identify the three most serious "diseases or health or medical problems facing Black people today" in response to an open-ended question. Almost one of every three (30.3%) respondents identified AIDS/ARC as the most serious, with 9.5% identifying AIDS/ARC as the second most serious health problem, and 11.0% citing it as the third most serious problem.

Age was one factor related to the extent to which respondents rated AIDS/ARC as the *most* serious health problem facing Black people. Forty-three percent (43%) of the respondents between 18 and 29 years of age identified AIDS/ARC as the most serious health problem, in contrast to those 30 to 39 years of age (36%) and 20% of those over forty years of age. Nevertheless, AIDS/ARC was rated as the most serious problem by both those 18-29 and those 30-39 years old.

Respondents reporting that they had made behavioral changes due to AIDS were more like (37%) than those not reporting such changes (25%) to rate AIDS/ARC as the most serious health problem. Other variables that were positively related to rating AIDS/ARC as the most serious health problem facing Black people included: "possibly unsafe" sexual behavior (63%); a past history of unsafe drug use (48%) and unsafe drug use within the past year (50%); knowing a PWA (41%); being single (37%) or living with a lover (47%); and, scoring high on the personal vulnerability scale (41%).

Those respondents with less than a high school education were less likely to identify AIDS/ARC as the *most* serious health problem (23%) and, in fact, they rated AIDS/ARC behind high blood pressure (26%).

The same item was included in the baseline survey in 1987. Slightly more than twenty-one percent of the respondents to that survey identified AIDS/ARC as the most serious health problem facing the Black community. On that survey, more respondents (27.7%) rated hypertension as the most serious health problem for Blacks--although responses were age related with younger respondents more likely to identify AIDS/ARC as the most serious health problem and older respondents more likely to assign first priority to high blood pressure and cancer.

Conclusion: The respondents perceive AIDS/ARC to be the most serious health threat confronting Black people today, with younger respondents--and those at risk as a result of past drug use or possibly unsafe sexual behavior--even more likely to share that perception.. The proportion of the community identifying AIDS/ARC as the most serious

health problem confronting Blacks has increased when compared to the baseline. Nevertheless, even among younger respondents, less than half identify AIDS/ARC as the most serious health-related problem.

5.2.3-V147 asked respondents to indicate whether they were "very concerned," "somewhat concerned," or "not concerned" about AIDS/ARC. Seventy-five percent (75%) of the respondents indicated that they were "very concerned" about AIDS/ARC "with respect to the Black community," and only 3% indicated that they had "no concern." Respondents between 18 and 29 years of age (81%) and those 30-39 years old (81%) were even more likely to be "very concerned" as were those indicating that they knew a PWA (84%) and those indicating that they had made behavioral changes due to AIDS (84%). Single respondents (84%) and those living with a lover (83%) were also more likely to be very concerned about AIDS/ARC.

The same item was included in the 1987 baseline survey. Seventy-nine percent (79.2%) of the respondents in the sample queried during the baseline survey indicated that they were "very concerned" about AIDS/ARC.

Conclusion: Although the majority of the respondents in both 1987 and 1988 indicated that they were "very concerned" about AIDS/ARC, more respondents in 1987 (81.1%) and in 1988 (82.2%) indicated that they were "very concerned" about high blood pressure.

5.2.4-V541 asked respondents to indicate whether they "agreed," "disagreed," or had "no opinion" about the statement "AIDS is a serious problem for Black people." Eighty-one percent agreed, 9% disagreed, and 10% said that they had no opinion.

Those indicating that they had used drugs in the past (91%) and within the past year (93%) were more likely to agree with the statement, as were those reporting that they knew a PWA (87%), and those with high scores on the personal vulnerability scale (91%). In contrast, those reporting "possibly unsafe" sexual behaviors were less likely to agree with the statement (63%).

This item was not included in the 1987 survey although an item on that survey asked whether respondents "agreed" or "disagreed" with the statement "AIDS is not a problem for Black people." Responses to that question indicate that 86.2% of those interviewed disagreed with the statement.

Conclusion: A significant majority of the respondents perceive AIDS to be a serious threat to the Black community--with those feeling personally vulnerable or reporting behaviors that might put them at risk even more likely to agree.

TABLE 5.2.2--HEALTH PROBLEMS PERCEIVED TO BE MOST SERIOUS

QUESTION 4--With respect to serious diseases or health or medical problems facing Black people today, which in your opinion are the most serious?

	Survey Year		Significance
	1987	1988	
Percentage "AIDS/ARC"	22.5%	30.3%	p < .05
Sample	377	341	

TABLE 5.2.3--EXTENT OF CONCERN ABOUT AIDS/ARC

QUESTION 5--With respect to the Black community, I'd like to know whether you are very concerned, somewhat concerned, or not concerned about the following health problems (AIDS/ARC).

	Survey Year		Significance
	1987	1988	
Percentage identifying "AIDS/ARC" as "very concerned"	79.2%	75.5%	NS
Total N	395	344	

5.3--Perception of AIDS as a Personal Threat

5.3.1-V217 asked respondents to indicate where "on a ten-point scale where 1 means you are *not* concerned at all and 10 means that you are extremely concerned" they would rate their personal level of concern about AIDS. Just over thirty percent (30.8%) of the respondents indicated that they were "extremely concerned" (score of 10). Another 16.6% indicated that they were "not concerned at all." The other 52.6% of the respondents had scores ranging from 2 to 9. The mean score for the respondents to the 1988 tracking survey was 5.9 (N=344).

The same item was included on the 1987 baseline survey. The mean score was 7.2 (N=398).

5.3.2-V535 asked respondents if they "agreed," "disagreed," or had "no opinion" about the statement "I am not worried about getting AIDS." Fifty-two percent indicated that they agreed with the statement, 43% disagreed with the statement and 5% had no opinion.

Age was highly correlated with the respondents' answers to this question. Sixty-four percent (64%) of the respondents over 40 years of age agreed with the statement. In contrast, 51% of those 18 to 29 and 55% of those 30-39 years of age disagreed--as compared to the 43% of the total sample who disagreed. Respondents reporting that they had changed their behaviors due to AIDS were also more likely to disagree (59%), as were those reporting "possibly unsafe" and "unsafe" sexual behaviors (50% and 62% respectively), those with a prior history of unsafe drug use (70%), unsafe drug use in the year before the survey (87%), and high scores on the personal vulnerability scale (85%). Other factors associated with disagreement with the state included: knowing a PWA (55%) and being single (50% or living with a lover (54%).

This item was not included in the 1987 survey.

Conclusion: Those respondents expressing concern or "worry" were those most likely to be at risk as a result of their reported behaviors.

5.3.3-V554 asked respondents to indicate whether they "agreed," "disagreed," or had "no opinion" with the statement "I consider my own AIDS risk to be very low." Over eighty percent (83.7%) of the respondents agreed with the statement, 10% disagreed, and 6% said they had no opinion. This item is one of eight included on the personal vulnerability scale.

Younger respondents are more likely to disagree with the statement. Fourteen percent (14%) of those 18 to 29 years old and 15% of those 30 to 39 years old disagreed with the statement. Those reporting that they had changed behaviors in response to the AIDS epidemic were also more likely to disagree with the statement (15%) as were those reporting unsafe sexual behavior (17%), a history of unsafe drug use (35%), and unsafe drug use during the past year (47%). Those knowing a PWA (18%) and respondents living with a lover (19%) were also more likely to disagree with the statement.

This item was not included on the 1987 baseline survey.

TABLE 5.3.1--LEVEL OF RESPONDENTS' PERSONAL CONCERN ABOUT AIDS

QUESTION 13--Compared to other problems you may face, how concerned are you about getting AIDS? On a 10-point scale where 1 means you are *not* concerned at all and 10 means that you are extremely concerned, how would you rate yourself?

	Survey Year		Significance
	1987	1988	
Mean score	7.2%	5.9%	NS
Total N	398	344	

6.0--KNOWLEDGE ABOUT AIDS

The 1988 tracking survey assessed three categories of respondent knowledge about AIDS: knowledge about how HIV is transmitted from one person to another (V221 to V234 and V244); knowledge about safe and unsafe sexual behaviors (V245 to V254); and, general knowledge about the virus and those affected by the virus (V235 to V243).

6.1--Knowledge of AIDS Transmission

Fifteen items were included in a scale measuring knowledge of AIDS transmission routes. Eleven of the items were also included in the 1987 baseline survey. Respondent knowledge increased on all but one of the items between the baseline and first tracking survey. In five cases the increase in knowledge was significantly at the $>.01$ or less level.

Respondents did, however, evidence confusion about the risk involved in the medical use of needles. The percentage of those agreeing that "needles used to draw blood for lab tests" could transmit HIV increased from 40.3% to 45.6% between the baseline and first tracking survey, and almost a third of the respondents (31.4%) thought that HIV could be transmitted "by donating blood." These data and the high proportion of respondents agreeing that sharing intravenous drug needles is risky suggests that the concept of contaminated needles as a vector of transmission is well established and that future messages need to emphasize that "clean" needles are safe.

**TABLE 6.1--KNOWLEDGE LEVELS: ROUTES OF HIV TRANSMISSION
(1987 and 1988)**

QUESTION 15--According to the information you have, do you think you can catch AIDS by doing the following things?

Routes of Transmission	% Responding "Yes"		Significance
	1987	1988	
1. Kissing someone infected with AIDS	67.8 (N=381)	30.7 (N=343)	<.001
2. Touching or shaking hands with someone infected with AIDS	12.0 (N=382)	6.1 (N=343)	<.01
3. Having sex with someone infected with AIDS	95.8 (N=382)	95.6 (N=343)	NS
4. Having sex with a bisexual male	90.8 (N=381)	88.3 (N=343)	NS
5. Eating food handled by someone infected with AIDS	29.9 (N=391)	17.3 (N=343)	NS
6. Receiving a blood transfusion	97.7 (N=392)	90.1 (N=343)	<.001
7. Sharing intravenous drug with someone infected with AIDS	92.1 (N=392)	95.0 (N=343)	NS
8. From needles used to draw blood for lab tests	40.3 (N=392)	45.6 (N=343)	NS
9. From swimming in a public swimming pool	10.7 (N=392)	10.3 (N=343)	NS
10. By drinking from a glass used by someone with AIDS	44.8 (N=391)	25.0 (N=343)	<.001
11. AIDS can be passed from mother to child during pregnancy	85.2 (N=392)	92.5 (N=348)	<.001
12. By donating blood	---	31.4 (N=343)	---
13. From mosquitos or other insects	---	17.6 (N=343)	---
14. From toilet seats	---	9.7 (N=343)	---
15. From someone with AIDS sneezing or coughing on you	---	19.1 (N=343)	---

6.1.1--Kissing (V221)

Over half (52%) of the respondents in the 1988 survey indicated that they did not believe that AIDS could be transmitted by kissing an infected person. This represents a statistically significant increase ($p = <.001$) over 1987 when 34% responded similarly. The percentage of respondents who did not know whether HIV could be transmitted through kissing remained virtually the same--17% in 1988 and 18% in 1987.

The percentage of correct responses decreased with the age of respondents. Sixty-seven percent (67%) of those 18 to 29 years old and 60% of those 30 to 39 years old responded correctly while only 39% of those over 40 years of age did so.

TABLE 6.1.1--PERCEIVED RISK OF HIV TRANSMISSION VIA KISSING

QUESTION 15a--According to the information you have, do you think you can catch AIDS by kissing someone infected with AIDS?

	Survey Year		Significance
	1987	1988	
Yes	67.8%	30.7%	$p < .001$
No	34.1%	52.0%	
Don't know	18.1%	17.3%	
Total N	381	344	

6.1.2--Touching or Shaking Hands (V222)

More than 4 out of 5 (86.0%) of the respondents were aware that AIDS could not be transmitted by touching or shaking hands of someone with AIDS. Six percent (6.1%) believed that it was risky and 7.9% said they did not know whether it was risky or not.

Younger respondents were more likely to know the correct answer than older respondents. Ninety-five percent of those 18 to 29 years of age knew the correct answer while 93% of those 30 to 39 years old while only 77% of those over 40 years of age did. Other variables associated with responding correctly to the question were behavior change due to AIDS (90%), "unsafe" sexual behavior (93%), "unsafe" drug use during the prior year (93%), knowing a PWA (95%), being single (92%), married (93%), or living with a lover (94%), having children (93%) and a household size of three or more (93%), and having some college experience (90%) and an income in excess of twenty-four thousand dollars per year (93%). High scores on the personal vulnerability scale also correlated with knowing that touching or shaking hands with a PWA would not lead to infection.

**TABLE 6.1.2--PERCEIVED RISK OF HIV TRANSMISSION
VIA TOUCHING OR SHAKING HANDS WITH A PWA**

QUESTION 15b--According to the information you have, do you think you can catch AIDS by touching or shaking hands with someone infected with AIDS?

	Survey Year		Significance
	1987	1988	
Yes	12.0%	6.1%	p < .001
No	73.3%	86.0%	
Don't know	14.7%	7.9%	
Total N	382	343	

6.1.3--Having Sex with a PWA (V223)

Almost ninety-six percent (95.6%) of the respondents were aware that HIV could be transmitted via sexual contact with an infected person, while 2.3% did not know that fact, and 2.0% were uncertain. In 1987, a virtually equal proportion of the respondents (95.8%) answered correctly.

Those reporting past unsafe drug use (91%) and unsafe drug use in the year prior to the survey (87%) were less likely to answer correctly. In contrast, those knowing a PWA (98%) and those living with a lover (100%) were slightly more likely to respond correctly.

**TABLE 6.1.3--PERCEIVED RISK OF HIV TRANSMISSION
VIA SEX WITH A PWA**

QUESTION 15c--According to the information you have, do you think you can catch AIDS by having sex with someone infected with AIDS?

	Survey Year		Significance
	1987	1988	
Yes	95.8%	95.6%	NS
No	1.0%	2.3%	
Don't know	3.1%	2.0%	
Total N	382	343	

6.1.4--Having Sex with a Bisexual Male (V224)

Almost ninety percent (88.3%) of the respondents identified having sex with a bisexual male as a risk factor, while 4.7% were not aware of it as a risk factor, and 7.0% did not know whether it was risky. In 1987, 90.8% of the respondents answered the question positively and 2.1% responded negatively. The difference was not found to be significant.

Younger respondents (93% of those 18-29 years old and 94% of those 30-39 years old) were more likely to be aware of the risks associated with sexual contacts with bisexual men than older men (82% of those over 40 years of age). Respondents who reported that they had changed their behaviors due to AIDS (96%) and those reporting unsafe drug behaviors in the prior year (93%) were more likely to believe that sex with a bisexual man was risky as were those knowing a PWA (92%) and those with high personal vulnerability scores (92%).

Family demographics also seemed to be important variables. Married respondents (91%) and those living with a lover (96%), those with children (91%) and living in households of three or more people ((92%) were also more likely to be aware of the risks associated with having sex with a bisexual man.

**TABLE 6.1.4--PERCEIVED RISK OF HIV TRANSMISSION
VIA SEX WITH A BISEXUAL MALE**

QUESTION 15d--According to the information you have, do you think you can catch AIDS by having sex with a bisexual male?

	Survey Year		Significance
	1987	1988	
Yes	90.8%	88.3%	NS
No	2.1%	4.7%	
Don't know	7.1%	7.0%	
Total N	381	343	

6.1.5--Eating Food Handled by a PWA (V225)

Over half (53.8%) of the respondents were aware that HIV cannot be transmitted via food handling. However, while this represented an increase over 1987 when 44.8% of the respondents answered this item correctly, the percentage of those who were uncertain increased slightly from 25.3% in 1987 to 28.9% in 1988.

Younger respondents were more likely to answer this item correctly with 64% of those 18 to 29 years old and 67% of those 30 to 39 years old understanding that HIV cannot be transmitted by handling food. In contrast, only 40% of those over 40 years of age responded correctly. Other factors that were positively associated with correctly answering this item included: "possibly unsafe" sexual behavior (75%), unsafe drug use more than one year prior to the survey (59%) and unsafe drug use during the year before the survey (80%), knowing a PWA (62%), being single (62%) or married (62%) or living with a lover (60%), and having children (65%) or living in a household with three or more people (63%).

**TABLE 6.1.5--PERCEIVED RISK OF HIV TRANSMISSION VIA EATING FOOD
HANDLED BY SOMEONE INFECTED WITH HIV**

QUESTION 15e--According to the information you have, do you think you can catch AIDS by eating food handled by someone infected with AIDS?

	Survey Year		Significance
	1987	1988	
Yes	29.9%	17.3%	p < .001
No	44.8%	53.8%	
Don't know	25.3%	28.9%	
Total N	391	343	

6.1.6--Receiving a Blood Transfusion (V226)

Over ninety percent (90.1%) of the respondents believed that HIV could be transmitted through a blood transfusion. This represents a decrease from 1987 when 97.7% of the respondents believed this item to be true. However, the percentage of those saying that they "did not know" the answer increased from 1.5% in 1987 to 6.1% in 1988. Only 3.8% of the respondents answered negatively. These findings indicate that the Black community is still confused about the safety of the blood supply.

Respondents over 40 years of age were slightly more likely to believe that transfusions were safe (5%) than those 30 to 39 years old (3%) and much more likely to do so than those 18-29 years of age (1%). Those who had injected drug more than a year prior to the survey (9%) and those shooting drugs during the year before the survey (13%) were also more likely to believe that transfusions are not likely to transmit HIV. Men also were more likely to believe that transfusions were safe (5%) than women (2%).

**TABLE 6.1.6--PERCEIVED RISK OF HIV TRANSMISSION THROUGH
A BLOOD TRANSFUSION**

QUESTION 15f--According to the information you have, do you think you can catch AIDS by receiving a blood transfusion?

	Survey Year		Significance
	1987	1988	
Yes	97.7%	90.1%	p<.001
No	0.8%	3.8%	
Don't know	1.5%	6.1%	
Total N	392	343	

6.1.7--Sharing Intravenous Drug Needles (V227)

The proportion of respondents indicating that they believed sharing needles used to inject intravenous drugs to be risky increased from 92.1% in 1987 to 95.0% in 1988. The percentage that did not believe needle sharing was risky and the percentage claiming not know if it was risky also declined.

A higher proportion of the younger respondents--those 19 to 29 (98%) and 30 to 39 (98%)--were aware of the risks involved in sharing intravenous needles to shoot drugs than those 40 years of age and older (92%). In addition, those reporting that they had made some type of behavioral change as a result of the AIDS epidemic (97%), those reporting "possibly unsafe" sexual behaviors (100% of an N of 8), and those with high personal vulnerability scores (98%) were more likely to agree that needle sharing was a route of HIV transmission.

Interestingly, those who admitted to "unsafe" drug use more than a year before the survey was conducted and those reporting "unsafe" drug use during the year prior to the survey were more likely to believe that needle sharing was *not* a risk factor for HIV transmission. Only 86% of the former and 87% of the latter agreed with the statement--with 9% and 13% of these groups disagreeing with the statement.

Respondents who were divorced or widowed were also less likely to know if needle sharing was a risk factor (7% answered "do not know") as were those with incomes of less than \$12,000 per year (6%).

TABLE 6.1.7--PERCEIVED RISK OF HIV TRANSMISSION THROUGH SHARING INTRAVENOUS NEEDLES TO INJECT DRUGS

QUESTION 15g--According to the information you have, do you think you can catch AIDS by sharing intravenous drug needles with someone who has been infected with the virus?

	Survey Year		Significance
	1987	1988	
Yes	92.1%	95.0%	NS
No	4.1%	2.0%	
Don't know	3.8%	2.9%	
Total N	392	343	

6.1.8--Perceived Risk of Donating Blood (V228)

Just over half of the respondents (53.7%) knew that donating blood was a safe activity. Close to one-third (31%) did not think it was safe and 15% of the respondents were not sure if it was safe or unsafe to donate blood. This item was not asked in 1987.

Both groups of younger respondents were more likely to answer this item correctly--64% of those 18 to 29 years of age and 66% of those 30 to 39--in contrast to only 40% of those 40 and over. Other factors associated with a greater likelihood of knowing that donating blood was safe included: reported behavior changes due to AIDS (61%); "unsafe" sexual behavior (63%)--compared to 38% of those reporting "possibly unsafe" sexual behavior; 60% of those reporting unsafe drug use during the year prior to the survey and 63% of those demonstrating one or more unsafe behavior (e.g., "all unsafe"); those knowing a PWA (68%); and those who were single (68%) and those with some college (62%).

Conclusion: Relatively low percentages of correct responses among all sub-groups of the sample and comparatively high levels of uncertainty suggest that respondents may be confusing donating blood with the pre-1985 risks associated with transfusions and/or the risks involved in needle sharing among drug users. The high percentage of those believing that transfusions still post some substantial risk would tend to support this hypothesis.

6.1.8--Perceived Risk of Donating Blood (V228)

Just over half of the respondents (53.7%) knew that donating blood was a safe activity. Close to one-third (31%) did not think it was safe and 15% of the respondents were not sure if it was safe or unsafe to donate blood. This item was not asked in 1987.

Both groups of younger respondents were more likely to answer this item correctly--64% of those 18 to 29 years of age and 66% of those 30 to 39--in contrast to only 40% of those 40 and over. Other factors associated with a greater likelihood of knowing that donating blood was safe included: reported behavior changes due to AIDS (61%); "unsafe" sexual behavior (63%)--compared to 38% of those reporting "possibly unsafe" sexual behavior; 60% of those reporting unsafe drug use during the year prior to the survey and 63% of those demonstrating one or more unsafe behavior (e.g., "all unsafe"); those knowing a PWA (68%); and those who were single (68%) and those with some college (62%).

Conclusion: Relatively low percentages of correct responses among all sub-groups of the sample and comparatively high levels of uncertainty suggest that respondents may be confusing donating blood with the pre-1985 risks associated with transfusions and/or the risks involved in needle sharing among drug users. The high percentage of those believing that transfusions still post some substantial risk would tend to support this hypothesis.

6.1.9--Perceived Risk of HIV Transmission through Needles used in Lab Tests (V229)

Forty-five percent (45.6%) of the respondents expressed a belief that HIV could be transmitted by needles used to draw blood for lab tests. This actually represented an increase from 1987 when 40.3% agreed with the same statement. Only 35.1% of the respondents to the 1988 tracking survey answered correctly and disagreed with the statement.

None of the independent variables distinguished between sub-groups of respondents on the 1988 survey except that those respondents who were divorced or widowed and those with less than a high school education were slightly more likely to answer incorrectly--(53% and 52% respectively). Respondents in all sub-groups also indicated high levels of uncertainty about whether the use of needles to draw blood for lab tests is a risk factor. The percentage of respondents answering "do not know" ranged from 13% to 25%.

**TABLE 6.1.9--PERCEIVED RISK OF HIV TRANSMISSION THROUGH
NEEDLES USED TO PERFORM LABORATORY TESTS**

QUESTION 15i--According to the information you have, do you think you can catch AIDS from needles used to draw blood for lab tests?

	Survey Year		Significance
	1987	1988	
Yes	40.3%	45.6%	NS
No	40.1%	35.1%	
Don't know	19.6%	19.3%	
Total N	392	343	

6.1.10--Perceived Risk of HIV Transmission from Mosquitos or other Insects (V230)

Over half of the respondents (56.9%) knew that mosquitos and other insects are not a vector for HIV transmission. However, while only 17.6% believed that mosquitos were a risk factor, slightly more than 1 in every 4 respondents (25.5%) did not know whether it was true or not. This item was not asked in 1987.

Respondents in the 18 to 29 year old group (66%) and those 30 to 39 (64%) were more likely to be aware that mosquitos and other insects did not post a risk for transmission of HIV, as were those reporting "possibly unsafe" (63%) and "unsafe" sexual behaviors, "unsafe" drug use in the past year (64%) and those knowing a PWA (62%).

Married respondents were also more likely to respond correctly (67%) with those who were divorced or widowed much less likely to know the correct answer (45%). Education also distinguished between sub-groups. Those with less than a high school education were less likely to answer the question correctly (34%) than those with either a high school degree (60%) or some college (62%). Lower income respondents were also less likely to answer correctly (48%) than those with an income of \$12,000 to \$24,000 per year (61%) and those earning over that amount (68%). Women (60%) were more likely to respond correctly than men (54%), while men (29%) were more uncertain than women (22%).

6.1.11--Perceived Risk of HIV Transmission from Contact with Toilet Seats (V231)

Close to three-fourths of the respondents (72.7%) knew that HIV cannot be transmitted through casual contact with objects like toilet seats. Nevertheless, although the percentage of those believing that toilet seats pose a definite risk was low (9.7%), almost 1 in every 5 respondents (17.6%) were uncertain. This item was not included in the 1987 baseline survey.

Younger respondents were more likely to answer the question correctly. Over eighty percent of both younger age groups--82% of the 18 to 29 year olds and 84% of the 30 to 39 year olds--were aware that HIV cannot be spread by toilet seats. Those reporting some behavior change due to AIDS (78%), "possibly unsafe" (100%) and "unsafe" sexual behaviors (82%), unsafe drug use more than one year before the survey (82%) and during the prior year (100%), and knowing a PWA (85%) were all more likely to respond correctly to the question.

Single respondents (80%) and those living with a lover (79%) were also more likely to answer the question correctly. Respondents with less than a high school education were less likely to respond correctly (55%) as were those with incomes under \$12,000 per year (61%). Higher income people, in contrast, were more likely to answer correctly--83% of those earning between \$12,000 and \$24,000 per year and 81% of those earning in excess of that amount.

6.1.12--Perceived Risk of HIV Transmission from Swimming Pools (V232)

Almost seventy-two percent (71.8%) of the respondents were aware that HIV is not spread in swimming pools, and only 10.3% believed that it was. However, almost 1 in every 6 respondents (17.9%) did not know whether HIV could be spread in swimming pools. These percentages remained almost unchanged since the 1987 baseline survey when 70.4% of the respondents answered correctly, 10.7% answered incorrectly and 18.9% were uncertain.

Respondents who were younger--those 18 to 29 (80%) and 30 to 39 (81%)--were more likely to answer correctly than respondents over 40 years of age (61%). Other factors associated with a greater likelihood of responding correctly included: reported changes in behavior due to AIDS (79%), unsafe drug use in the year prior to the survey (100%), and knowing a PWA (81%). Divorced and widowed respondents were less likely to respond correctly (62%) while those living with a lover were more likely (81%) as were those with children (79%). Those without a high school education (60%) and those earning less than \$12,000 per year (66%) were also less likely to know that HIV is not spread in swimming pools.

TABLE 6.1.12--PERCEIVED RISK OF HIV TRANSMISSION IN SWIMMING POOLS

QUESTION 151--According to the information you have, do you think you can catch AIDS from swimming in a public swimming pool?

	Survey Year		Significance
	1987	1988	
Yes	10.7%	10.3%	NS
No	70.4%	71.8%	
Don't know	18.9%	17.9%	
Total N	392	342	

6.1.13--Perceived Risk of HIV Transmission from Sneezes or Coughs

Over half (54.7%) of the respondents were aware that HIV is not an airborne virus and is not transmitted by sneezing and coughing. About 1 in every 5 respondents (19.1%) indicated that they believed that it was possible for HIV to be transmitted through coughing or sneezing and more than 1 in 4 (26.2%) were not certain whether sneezing and coughing could put people at risk. This item was not asked in 1987.

Age was one factor associated with responses to this question. Younger respondents were more likely to answer the question correctly than older respondents. Sixty percent of those 18 to 29 and 63% of those 30 to 39 answered it correctly while only 46% of those 40 years of age and older did. Those reporting "possibly unsafe" sexual behavior (63%), unsafe drug behavior during the year before the survey (79%), and knowing a PWA (62%) were also more likely to respond correctly.

Those with less than a high school education (36%) and those earning less than \$12,000 annually (47%) were substantially less likely to respond correctly than those with more education or higher incomes.

6.1.14--Perceived Risk of Exposure to HIV by Sharing a Drinking Glass (V234)

Less than half of the respondents (48.5%) were aware that HIV is not transmitted by sharing drinking glasses with infected people. This represented an increase over 1987 when only 39.6% answered the question correctly. The remaining respondents in 1988 were split about equally between those answering incorrectly (25.0%) and those who were uncertain (26.5%). While the proportion of respondents answering incorrectly decreased between 1987 and 1988, the percentage of those who were uncertain increased.

Respondents between the age of 18 and 29 and those 30 to 39 years old were more likely to answer correctly--57% and 63% respectively--than those over 40 years of age (34%). Those reporting unsafe drug use within the year before the survey (79%), those knowing a PWA (59%), single respondents (61%), those living in households with 3 or more people (58%), and those with children (59%) were also more likely to respond correctly.

Respondents with less than a high school education (30%) and those with annual incomes under \$12,000 (42%) were less likely to answer the question correctly and more likely to respond incorrectly.

**TABLE 6.1.14--PERCEIVED RISK OF TRANSMITTING HIV BY
SHARING A DRINKING GLASS**

QUESTION 15n--According to the information you have, do you think you can catch AIDS by drinking from a glass used by someone with AIDS?

	Survey Year		Significance
	1987	1988	
Yes	44.8%	25.0%	p < .001
No	39.6%	48.5%	
Don't know	15.6%	26.5%	
Total N	391	341	

6.1.15--Perceived Risk of HIV Transmission from Mother to Child (V244)

Over ninety percent (92.5%) of the respondents answered this question correctly. None answered incorrectly, but 7.5% were "not sure." This represents an increase over 1987 when 85.2% answered this question correctly.

Those reporting changes in behavior due to AIDS (97%) were more likely to respond correctly as were those knowing a PWA (98%) and those living with a lover (98%). Respondents with less than a high school education (87%) and those earning less than \$12,000 annually (89%) were slightly less likely to respond correctly.

**TABLE 6.1.15--PERCEIVED RISK OF HIV TRANSMISSION
FROM MOTHER TO CHILD**

QUESTION 16j--Please tell me whether you believe each of the following statements is true or false or if you are not sure. AIDS can be passed from mother to child during pregnancy.

	Survey Year		Significance
	1987	1988	
Yes	85.2%	92.5%	p < .001
No	5.1%	0.0%	
Don't know	9.7%	7.5%	
Total N	392	348	

6.2--Knowledge about Safe and Unsafe Sex

Ten items were included in a scale measuring knowledge of "safe" and "unsafe" sex. Eight of the ten items were also included in the 1987 baseline survey. In the case of 5 items, the increase in knowledge was significant at the $<.01$ or less level. In 1988, the mean number of correct answers was 7.68.

Knowledge of safe and unsafe sex was significantly correlated with several factors. Respondents who indicated that they had made behavioral changes had a mean score of 8.05 on the scale ($p = <.001$), and those knowing a PWA had a mean score of 7.95 ($p = <.01$). Education and income were also significantly related to knowledge of which sexual practices are "safe" and which are "unsafe." Respondents with less than a high school education had a mean score of 6.77, high school graduates had a mean score of 7.63 and those with "some college" had a mean score of 7.85 ($p = <.001$). The mean score for respondents earning less than \$12,000 per year was 7.14, for those earning between \$12,000 and \$24,000 it was 7.86, and for those earning over \$24,000 annually it was 8.02 ($p = <.001$).

**TABLE 6.2--KNOWLEDGE OF SAFE AND UNSAFE SEX
(1987 and 1988)**

QUESTION 17--According to the information you have, which of the following do you think are safe sex practices?

Type of Sexual Practice	% Correct		Significance
	1987	1988	
1. Vaginal intercourse <i>without</i> a condom	72.4 (N=395)	83.0 (N=343)	p<.001
2. Vaginal intercourse <i>with</i> a condom	87.3 (N=393)	96.8 (N=343)	p<.001
3. Anal intercourse <i>without</i> a condom	84.6 (N=396)	93.0 (N=343)	p<.001
4. Anal intercourse <i>with</i> a condom	48.5 (N=396)	48.1 (N=342)	NS
5. Oral sex <i>without</i> a condom*	---	79.5 (N=343)	NS
6. Oral sex <i>with</i> a condom*	---	57.6 (N=343)	NS
7. Using a condom when having sex	89.3 (N=396)	91.2 (N=343)	NS
8. Exchanging body fluids when having sex	68.9 (N=396)	67.0 (N=343)	NS
9. Touching the partner's sex organ	59.7 (N=395)	71.3 (N=343)	p<.01
10. No sex at all	90.6 (N=392)	96.2 (N=344)	p<.001

*In 1987 the item was worded differently.

6.2.1--Perceived Risk of Vaginal Intercourse Without a Condom (V245)

More than 8 of every 10 respondents (83.0%) indicated that vaginal intercourse without a condom was unsafe as far as risk of exposure to HIV was concerned. This represents an increase over 1987 when only 72.4% of the respondents to the baseline survey believed that vaginal intercourse without a condom was unsafe. The proportion of respondents who did not know the answer also decreased slightly from 7.8% in 1987 to 5.6% in 1988.

Respondents reporting that they had made changes in their behaviors due to AIDS (98%), and those knowing a PWA (97%) were more likely to believe that vaginal intercourse without a condom was unsafe. In contrast, those respondents who were married (88%), those reporting "possibly unsafe" behavior (88%), and those with low personal vulnerability scores (86%) were less likely to believe that it was an unsafe sexual practice and more likely to say that they were "not sure."

**TABLE 6.2.1--PERCEIVED RISK OF VAGINAL INTERCOURSE
WITHOUT A CONDOM**

QUESTION 17a--Which of the following do you think are safe sex practices? Vaginal intercourse *without* a condom?

	Percentage		Significance
	1987	1988	
Safe	19.7%	11.4%	p < .01
Unsafe	72.4%	63.0%	
Don't know	7.8%	5.6%	
Total N	395	343	

6.2.2--Perceived Risk of Vaginal Intercourse With a Condom (V246)

Almost ninety-seven percent (96.8%) of the respondents indicated that vaginal intercourse with a condom was "safe." This represented an increase in 1987 when 87.3% of the respondents to the baseline survey agreed that it was a safe sexual practice. The proportion of respondents believing it to be unsafe and those who were not sure both decreased between 1987 and 1988 as well.

Those reporting unsafe drug use in the year prior to the survey were less likely to believe that it was safe (87%), and more likely to believe that it was safe (7%) or to be uncertain (7%).

**TABLE 6.2.2--PERCEIVED RISK OF VAGINAL INTERCOURSE
WITH A CONDOM**

QUESTION 17b--Which of the following do you think are safe sex practices? Vaginal intercourse *with* a condom?

	Percentage		Significance
	1987	1988	
Safe	87.3%	96.8%	p < .001
Unsafe	5.3%	1.2%	
Don't know	7.4%	2.0%	
Total N	393	343	

6.2.3--Perceived Risk of Anal Intercourse Without a Condom (V247)

Over ninety percent (93.0%) of the respondents indicated that anal intercourse without a condom was unsafe. The percent believing it to be unsafe increase over 1987 when 84.6% of the respondents thought it was unsafe. The percentage of those believing it to be safe and those who were uncertain also both declined following the baseline study.

Respondents who reported that they had made behavior changes due to AIDS (98%), those who had injected drugs within the year prior to the survey (100%/N=15) and those knowing a PWA (97%) were more likely to believe that anal intercourse without a condom was unsafe. In contrast, those not making changes in behavior (88%), those reporting "possibly unsafe" sexual behaviors (88%), married respondents (88%), and those with low personal vulnerability scores (86%) were less likely to believe that it was unsafe and more likely to be uncertain.

**TABLE 6.2.3--PERCEIVED RISK OF ANAL INTERCOURSE
WITHOUT A CONDOM**

QUESTION 17c--Which of the following do you think are safe sex practices? Anal intercourse *without* a condom?

	Percentage		Significance
	1987	1988	
Safe	6.1%	2.6%	p<.01
Unsafe	84.6%	93.0%	
Don't know	9.4%	4.4%	
Total N	396	343	

6.2.4--Perceived Risk of Anal Intercourse With a Condom (V248)

Less than half (48.1%) of the respondents believed anal intercourse to be a safe sexual practice--even with a condom. Another 2 or every 5 respondents (40.5%) believed it to be unsafe and 11.4% were uncertain. While the percentage of those believing it to be safe remained virtually unchanged between 1987 and 1988, the proportion of those who were uncertain declined from 15.9% to 11.4% and the percentage of those believing it to be unsafe increased from 35.6%. These data and those presented above in section 6.2.3 suggest that the message that anal intercourse is a major risk factor for transmission of HIV has gotten across but that there is great uncertainty about the extent to which condom use mitigates the risk.

Those 18 to 29 years of age (53%) and 30 to 39 years old (62%) are more likely to believe that it is safe than those over 40 (36%). Respondents indicating that they had changed their behavior were also more likely to believe that it is a safe practice (56%) as compared with those not changing behavior (40%). Other factors associated with an increase likelihood of believing that anal intercourse with a condom is safe include: "possibly unsafe" sex (63%), unsafe drug use more than a year before the survey (73%) and during the prior year (60%), high personal vulnerability scores (59%) and living with a lover (58%).

**TABLE 6.2.4--PERCEIVED RISK OF ANAL INTERCOURSE
WITH A CONDOM**

QUESTION 17d--Which of the following do you think are safe sex practices? Anal intercourse *with* a condom?

	Percentage		Significance
	1987	1988	
Safe	48.5%	48.1%	NS
Unsafe	35.6%	40.5%	
Don't know	15.9%	11.4%	
Total N	396	342	

6.2.5--Perceived Risk of Oral Sex Without a Condom (V249)

Almost eighty percent (79.5%) of the respondents believed that oral sex without a condom is an unsafe sexual practice. Over ten percent (12.1%) thought it was safe, and 9.4% were uncertain. No distinction was made between oral-penile and oral-vaginal sex in the question in 1988 and the question that was asked in 1987 did not specify with or without a condom..

Respondents in the 18 to 29 year old group were less likely to believe that it was unsafe (72%), as were those reporting unsafe sexual behaviors (72%) and unsafe drug use more than a year before the survey (73%). Men were also substantially less likely to believe that it was unsafe (73%) than women (86%). Uncertainty increased as education decreased: 21% of those with less than a high school education were uncertain while only 10% of those who were high school graduates and 6% of those with some college were uncertain.

**TABLE 6.2.5--PERCEIVED RISK OF ORAL SEX
WITHOUT A CONDOM**

QUESTION 17e--Which of the following do you think are safe sex practices? Anal intercourse *without* a condom?

	Percentage		Significance
	1987	1988	
Safe	---	11.1%	NA
Unsafe	---	40.5%	
Don't know	---	11.4%	
Total N		342	

6.2.6--Perceived Risk of Oral Sex With a Condom (V250)

Over half (57.6%) of the respondents believed that oral sex with a condom was a safe sexual practice. About 1 of every 4 respondents (25.7%) thought it was unsafe and 16.7% were uncertain.

Respondents between 18 and 29 (71%) and between 30 and 39 years of age (68%) were more likely to believe that oral intercourse with a condom was safe than those over 40 years of age (43%). Those reporting some behavior change due to AIDS were also more likely to believe it was safe (70%) in contrast to those reporting no changes in behavior (46%).

Other factors associated with a greater likelihood of perceiving oral sex with a condom to be a safe practice included: "possibly unsafe" (88%) and "unsafe" (66%) sexual behaviors; unsafe drug use more than a year before the survey (86%) and during the year prior to the survey (80%); knowing a PWA (72%) being single (67%) or living with a lover (75%); and high scores on the personal vulnerability scale (74%).

As was the case of respondents beliefs about the safety of oral sex *without* a condom, uncertainty increased as educational level decreased.

TABLE 6.2.6--PERCEIVED RISK OF ORAL SEX
WITH A CONDOM

QUESTION 17f--Which of the following do you think are safe sex practices? Anal intercourse *with* a condom?

	Percentage		Significance
	1987	1988	
Safe	---	57.6%	NA
Unsafe	---	25.7%	
Don't know	---	16.7%	
Total N		343	

6.2.7--Perceived Risk of Using a Condom During Sex (V251)

Over ninety percent (91.2%) of the respondents believed that using a condom with having sex was safe. In 1987 the percentage was 89.3. The percentage believing that it was unsafe also remained virtually the same between 1987 (5.9%) and 1988 (5.3%) with a small decrease in the proportion of those respondents who were uncertain.

Those respondents living with a lover (98%) were somewhat more likely to believe that it was safe. Women (7%) were more than twice as likely as men (3%) to be uncertain.

TABLE 6.2.7--PERCEIVED RISK OF USING A CONDOM DURING SEX

QUESTION 17g--Which of the following do you think are safe sex practices? Using a condom when having sex?

	Percentage		Significance
	1987	1988	
Safe	89.3%	91.2%	NS
Unsafe	5.9%	5.3%	
Don't know	5.9%	3.5%	
Total N	393	343	

6.2.8--Perceived Risk of Exchanging Body Fluids During Sex (V252)

Over two-thirds (67.0%) of the respondents indicated that exchanging body fluids during sex was unsafe. The remaining third of the respondents was split almost equally between those believing it was safe (16.4%) and those who were uncertain (16.7%). Responses to the 1987 baseline survey on this item were similar.

Factors associated with greater likelihood of believing the exchange of body fluids to be unsafe included: behavior change due to AIDS (75%); safe sexual behavior (70%) as compared to "possibly unsafe" (50%); unsafe drug use (73%); and knowing a PWA (74%). Women (74%) were also more likely to believe that it was unsafe than men (60%)

Having less than a high school education was also associated with a greater degree of uncertainty--25% of the respondents with less than a high school education said "don't know" as compared to 17% of the sample as a whole.

TABLE 6.2.8--PERCEIVED RISK OF EXCHANGING BODY FLUIDS DURING SEX

QUESTION 17h--Which of the following do you think are safe sex practices? Exchanging body fluids during sex?

	Percentage		Significance
	1987	1988	
Safe	17.4%	16.4%	NS
Unsafe	68.9%	67.0%	
Don't know	13.6%	16.7%	
Total N	396	343	

6.2.9--Perceived Risk of Touching the Partner's Sex Organ (V253)

Seventy-one percent (71.3%) of the respondent believed it was safe to touch their partner's sex organs. This represents an increase since 1987 when only 59.7% of the respondents believed it was safe. During that time, the proportion of respondents believing it was unsafe and those who were uncertain both decreased.

Respondents between 18 and 29 (82%) and those between 30 and 39 years of age (75%) were more likely to believe it was safe than those over 40 (63%). Those reporting behavior changes (73%), "possibly unsafe" (88%) and "unsafe" (81%) sexual behavior, those living with a lover (81%), and those earning \$12,000 to \$24,000 (78%) or more (88%) were also more likely to believe it was a safe practice.

Those with less than a high school education (51%) and those earning less than \$12,000 per year (57%) were less likely to believe it was safe and more likely to be uncertain about the safety of touching a partner's sex organ than the norm--32% and 22% respectively.

Women (18%) were twice as likely as men (9%) to believe that touching a partner's organ is *unsafe*.

TABLE 6.2.9--PERCEIVED RISK OF TOUCHING THE SEX PARTNER'S SEX ORGAN

QUESTION 17i--Which of the following do you think are safe sex practices? Touching the sex partner's sex organ

	Percentage		Significance
	1987	1988	
Safe	59.7%	71.3%	p < .01
Unsafe	21.0%	14.3%	
Don't know	19.2%	14.3%	
Total N	395	343	

6.2.10--Perceived Risk of No Sex at All (V254)

Slightly more than ninety-six percent (96.2%) of the respondents believed it was safe to have no sex at all. This represents an increase over 1987 when 90.6% of the respondents believed it was safe. Between 1987 and 1988 the proportion of those believing it was unsafe and those who were uncertain both decreased.

Respondents between 30 and 39 years of age (99%), those who were married (99%) or had children (97%), those earning between \$12,000 and \$24,000 annually (98%) or more (99%), and those who had injected drugs more than a year prior to the survey (100%/N=22) and during the year before the survey (100%/N=15) were more likely to believe it was safe. Those reporting "possibly unsafe" sexual behaviors were slightly less likely to believe that not having sex was safe (88%).

TABLE 6.2.10--PERCEIVED RISK OF NOT HAVING SEX AT ALL

QUESTION 17j--Which of the following do you think are safe sex practices? No sex at all?

	Percentage		Significance
	1987	1988	
Safe	90.6%	96.2%	p<.01
Unsafe	5.4%	2.3%	
Don't know	5.4%	1.5%	
Total N	392	344	

6.3--General Knowledge About AIDS

Ten items assessed the respondents' general knowledge about AIDS. Half of the ten are also either included in other scales such as the scale of knowledge about HIV transmission routes or are indicators of other topics discussed in this report. In this section detailed discussion is reserved for those variables not analyzed elsewhere.

The mean score for all of the respondents was 7.03 or an average score of 70.3% correct answers.

TABLE 6.3--GENERAL KNOWLEDGE ABOUT AIDS

QUESTION 16--Please tell me whether you believe each of the following statements is true or false or if you are not sure.

Item	% True	% False	% Not Sure
Many lesbians have AIDS	38.0	17.3	44.7
AIDS is caused by a virus	91.1	3.2	5.8
Women can pass the AIDS virus to their male sex partners	93.4	0.9	5.8
Latex condoms can reduce the chance of passing the AIDS virus	82.0	4.3	13.6
A person can be infected with the AIDS virus for five or more years without getting sick	60.8	18.2	21.0
There is very little AIDS among Blacks and Hispanics in this country	12.7	61.6	25.7
The AIDS virus is easily killed by ordinary bleach or detergent	23.7	61.3	15.0
Currently, there is no cure for AIDS	94.2	1.2	4.6
Having "safe sex" can reduce the spread of AIDS	91.1	0.9	8.1
AIDS can be passed from mother to child during pregnancy	92.5	0.0	7.5

6.3.1--Knowledge About Lesbians and AIDS (V235)

Less than 1 of every 5 respondents (17.3%) indicated that they did not believe that many lesbians have been infected with AIDS. In contrast, almost 2 of every 5 respondents (38.0%) thought the statement was true and 44.7% indicated that they did not know if many lesbians have AIDS.

Respondents between 30 and 39 years of age (29%) were more likely not to believe that many lesbians have AIDS than those who were younger (22%) or those over 40 years of age (8%). Other factors associated with knowing the correct answer included: reported behavioral change (26%); "possibly unsafe" sexual behavior (25%); unsafe drug use more than a year before the survey (27%) or during the prior year (27%); knowing a PWA (25%); being single (28%) as compared to being married (11%) or divorced/widowed (10%); and having a high personal vulnerability score (27%). Those with less than a high school education were least likely to answer correctly (7%).

The high level of uncertainty expressed by respondents may result from the association between homosexuality and AIDS. Many respondents may still not fully understand the distinction between risk groups and risk behaviors.

6.3.2--Knowledge about the Causative Agent (V236)

Over ninety percent (91.1%) of the respondents knew that AIDS is caused by a virus. None of the independent variables were significantly related to variances on response levels.

6.3.3--Knowledge about Female to Male Transmission (V237)

Over ninety percent (93.4%) of the respondents were aware that HIV can be transmitted from women to their male partners. Most of the remaining respondents, about six percent (5.8%), were uncertain. Those reporting unsafe drug use more than a year before the survey (86%) or during the prior year (87%) were slightly less likely to respond correctly. They were also more than twice as likely to be uncertain (14% and 13% respectively). Those respondents with some college education (97%) were slightly more likely to know the correct answer.

6.3.4--Knowledge about HIV Latency (V239)

Slightly more than 3 of every 5 respondents (60.8%) were aware that "a person can be infected with the AIDS virus for five or more years without getting sick." The remaining respondents were split between those who believed the statement to be false (18.2%) and those who were "not sure" (21.0%).

Younger respondents--those 18 to 29 years of age (73%) and those 30 to 39 (71%)--were more likely to be aware of the long latency period than those over 40 years old (47%). Respondents reporting that they had changed their behavior due to AIDS (73%) as compared to those who did not change behavior (50%); those reporting "possibly unsafe" sexual behavior (75%); unsafe drug use more than a year before the survey (77%) or unsafe drug use within the prior year (87%) were more likely to know the correct answer. Respondents who knew a PWA (77%) and those living with a lover (72%) were also more likely to be aware of the correct answer as were those with high personal vulnerability scores (83%).

Those with low personal vulnerability scores (42%), those who were divorced or widowed (48%), and those with less than a high school education (46%) were less likely to know about the extended latency period associated with HIV infection and more likely to be uncertain about the question.

6.3.5--Knowledge that No Cure Exists

Almost ninety-five percent (94.2%) of the respondents said that the statement "currently, there is no cure for AIDS" was "true." Only 1.2% of the respondents believed it to be "false" and 4.6% were "not sure." There were no significant associations with any of the independent variables.

7.0--AIDS RISK PROFILE

The 1988 tracking survey assessed the Black community's risk of exposure to HIV from several different perspectives: risks due to various types of sexual partners; risks due to respondent's sexual practices; risks due to the use of alcohol or drugs in conjunction with sex; and, risks due to intravenous drug use. Where comparable information was collected; it was compared for the baseline and tracking surveys. Overall, risk levels due to drug use and sexual behaviors were also computed and compared for 1987 and 1988.

7.1--Total Risk Level

Total risk levels based on risks due both to sexual and drug using behaviors were computed for both 1987 and 1988. In 1987, 35.7% of the respondents were found to be at some considerable risk as a result of their sexual and/or drug using behaviors. In 1988, the proportion of respondents at risk was determined to be 30.6%. The difference was not significant.

Total risk was a composite variable based on sexual behaviors ("safe," "possibly unsafe" and "unsafe"), unsafe drug use behaviors during the year prior to the survey, and unsafe drug use behaviors more than a year prior to the survey.

That formula assumed that respondent behavior was "safe" if the respondent had (1) no sexual partners in the past year; or (2) one sexual partner in the past year who could not be described in terms "a" through "f" (below); or (3) two or more sexual partners in the past year and did not have vaginal or anal intercourse without using a condom; or (4) had one sexual partner in the past year who falls into any category listed in "a" through "f" but did not have vaginal or anal intercourse without using a condom.

"Unsafe" sexual behavior in the past year was defined as: (1) Having two or more sex partners in the past year and had vaginal or anal intercourse without a condom; or (2) having vaginal or anal intercourse without a condom with one sexual partner in the previous year who is in one of the following groups: (a) a person with AIDS; (b) men who have sexual relations with other men or with both men and women; (c) female prostitutes; (d) male prostitutes; (e) intravenous drug users; or (f) people who have been sexual partners of any of those listed in "a" through "e."

"Possibly Unsafe" sexual behavior in the past year was defined as: not being included in "unsafe" sexual behavior as defined above, but having (1) oral sex with someone in one

of the categories listed in "a" through "f" (above); or (2) having oral sex with two or more sexual partners in the past year.

"Unsafe" drug behavior "ever" was defined as either: (1) Having ever taken drugs that are not vitamins or insulin by injection; or (2) having taken insulin or vitamins by injection and having ever shared a needle.

"Unsafe" drug behavior in the "past year" was defined as either: (1) Having taken drugs that are not vitamins or insulin by injection in the past year; or (2) having taken insulin or vitamins by injection and shared a needle within the past year.

TABLE 7.1--SEXUAL AND DRUG RISK LEVELS (1988)

Category	N	%
Safe sexual behavior	236	67.4
Possibly unsafe sexual behavior	8	2.3
Unsafe sexual behavior	102	29.1
Ever unsafe drug use	23	6.6
Unsafe drug use in past year	15	4.3
All unsafe	<u>107</u> 350	30.6

7.2--AIDS Risk Factors: Sexual Partners

In assessing partner-related risk factors consideration was given to the number of sexual partners respondents reported having for the year prior to the survey and the various types of sexual partners they had during the past year.

7.2.1--Number of Sexual Partners

Respondents were asked how many sexual partners they'd had during the twelve months prior to the survey. In 1987 the mean number of sexual partners identified by respondents was 3.67. The mean number for 1988 was 2.55, a decrease that was significant at the 95% level ($p = < .001$).

Several variables were found to be associated with number of sexual partners. Younger respondents reported more partners ($p = .0013$). Those 18 to 29 years of age had a mean of 4.42 partners and those 30 to 39 had a mean of 3.37 partners while respondents who were over 40 years old had an average of .90 partners.

Sexual behavior was also significantly associated with the total number of partners reported by respondents ($p = .016$). Respondents reporting behaviors judged to be "possibly unsafe" had an average of 5.00 partners, and the mean for those whose behavior was judged to be "unsafe" was 4.24. The mean number of partners reported by respondents meeting the criteria for "safe" behavior was 1.72.

Sexual preference was another factor associated with the number of sexual partners respondents had during the year prior to the survey although the relationship was not statistically significant. Bisexuals had 4.7 partners, homosexuals 3.00, and heterosexuals 2.99. Within the homosexual and bisexual groups gender also distinguished between the mean number of sexual partners--homosexual men (2.50), homosexual women (4.33), bisexual men (6.00), and bisexual women (3.80).

7.2.2--Unsafe Sexual Partners

This variable is a composite variable. It describes respondents who report having sexual contact during the year prior to the survey with any person with AIDS, a man who has sex with other men or with both men and women, a male or female who receives payment for sex, an intravenous drug user, or someone who had had another sexual partner

in any of these groups. Just under ten percent (9.5%) of the respondents reported that they had had an "unsafe partner."

Independent variables that showed a significant relationship with having an unsafe partner included:

- Age ($p = .0104$)--The percentage of respondents reporting unsafe partners declined with age from 45.5% of those 18-29 to 24.2% of those over 40.
- Behavior change ($p = .0001$)--81.8% of those with unsafe partners reported making some change in behavior due to AIDS, and 18.2% reported no change.
- Unsafe drug use ($p = .0000$)--Almost a third (30.3%) of the respondents who reported having unsafe sexual partners also had used drugs in the past--including 24.2% who reported unsafe drug use within the part.
- Knowing a PWA ($p = .0000$)--Over seventy percent (71.8%) knew a PWA.
- Marital status ($p = .0000$)--Over ninety percent (90.9%) were single or lived with a lover.
- Income ($p = .0245$)--Over two-thirds (66.7%) earned less than \$12,000 annually.
- Gender ($p = .0002$)--Almost eighty percent (78.8%) were male.

7.2.2.1--HIV+ Partners (V306)

Three percent (3.0%) of the respondents reported that they had sexual partners who were HIV+ during the year prior to the survey. This question was not asked in 1987.

Variables with significant relationships with having an HIV+ partner include:

- Behavior change--Six percent (6%) of the respondents reporting that they had made changes in behavior due to AIDS had HIV+ partners.
- Unsafe drug use--Thirteen percent (13%) of those reporting unsafe drug use more than a year prior to the survey and 13% of those reporting unsafe drug use during the prior year had HIV+ partners.

- Marital status--Fifteen percent (15%) of those living with lovers reported having HIV+ partners during the prior year.
- Gender--Males (4%) were more likely than females (2%) to have had HIV+ partners.

7.2.2.2--Partners with AIDS/ARC (V310)

Almost two percent (1.8%) of the respondents had sexual partners with AIDS or ARC during the year prior to the survey. In 1987, 0.5% of the respondents had partners with AIDS/ARC. The difference was not significant.

Variables that were related to likelihood of having a partner with AIDS/ARC included:

- Age--Five percent (5%) of those in the 18-29 year old group had partners with AIDS/ARC.
- Unsafe drug use--Nine percent (9%) of those reporting unsafe drug use at some point in the past and 13% of those reporting unsafe drug use during the prior year had partners with AIDS/ARC.
- Marital status--Seven percent (7%) of the respondents who lived with a lover had an AIDS/ARC partner during the prior twelve months.
- Gender--Males (3%) were more likely to have an AIDS/ARC partner than females (1%).

7.2.2.3--IVDU Needle Sharing Partner (V314)

About four percent (4.1%) of the respondents reported that they had sexual partners who shared needles to inject drugs. Slightly more than five percent (5.2%) of the respondents to the 1987 baseline survey had IVDU needle sharing partners. The difference is not significant.

Several variables were associated with the likelihood of having a needle sharing sexual partner:

- Age--Younger respondents were more likely to have a needle sharing partner. Six percent (6%) of those 18-29 and 5% of those 30-39 reported having such partners.
- Unsafe drug use--Respondents who had injected drugs themselves were more likely to have partners who shared needles. Twenty-two percent (22%) of those reporting drug use at some point in the past and 33% of those who had injected drugs within the past year had sexual partners who shared needles.
- Knowing a PWA--Ten percent (10%) of those who knew a PWA had a sexual partner who shared needles within the prior year.
- Marital status--Eleven percent (11%) of those who live with a lover had a needle sharing sexual partner.
- Income--Seven percent (7%) of those earning less than \$12,000 a year had needle sharing sexual partners.
- Gender--Seven percent (7%) of the men as compared to only 2% of the women had needle sharing sexual partners.

7.2.2.4--Sexual Partners who Abuse Alcohol or Drugs (V318)

Almost fourteen percent (13.8%) of the respondents reported that they had sexual partners who abuse alcohol or drugs (without injecting them). Just over twenty percent (20.1%) of the respondents to the 1987 baseline survey reported having similar sexual partner. The reduction in incidence is significant at the $<.01$ level.

Related variables include:

- Age--Nineteen percent (19%) of those 18-29 years of age and 21% of those 30-39 had partners who abused drugs or alcohol.
- Behavior change--Twenty-three percent (23%) of those reporting some form of behavior change due to AIDS had partners who were substance abusers.
- Unsafe drug use--A third (33%) of those reporting unsafe drug use in the past and 50% of those reporting unsafe drug use in the prior year had one or more substance abusing partners.

- Personal vulnerability--Almost a fourth (23%) of the respondents with high scores on the personal vulnerability scale had a substance abusing sexual partner.
- Knowing a PWA--Twenty-three percent (23%) of those who knew a PWA had a sexual partner who abused drugs or alcohol.
- Marital status--Thirty-seven percent (37%) of those living with a lover had a sexual partner who abused drugs or alcohol.
- Parenthood--Eighteen percent (18%) of the respondents who had children had a sexual partner who abused drugs or alcohol.
- Education--Nineteen percent (19%) of those with some college had a sexual partner who abused drugs or alcohol in contrast to those with less than a high school education (4%).
- Income--Twenty-four percent (24%) of those earning in excess of \$24,000 a year had a sexual partner who abused drugs or alcohol.
- Gender--Women (16%) were more likely than men (1%) to have a sexual partner who was a substance abuser.

7.2.2.5--Prostitutes as Sexual Partners (V322, V326)

About two percent (1.7%) of the respondents reported having female sexual partners who were "paid in exchange for sex," and an almost equal percentage (2%) reported having male sexual partners who were prostitutes. In 1987, this item did not distinguish between male and female prostitutes. At that time 5.0% of the respondents reported having partners who were prostitutes.

In 1988, several variables were associated with the likelihood of having a sexual partner who was a prostitute:

- Age--Nine percent (9%) of the respondents in 18-29 year old group reported having sexual partners who were male prostitutes. Age was not related to likelihood of having a female prostitutes as a sexual partner.
- Unsafe drug use--Eight percent (8%) of those reporting drug use in the past and 7% of those reporting unsafe drug use in the year prior to the survey had sexual

partners who were female prostitutes. Unsafe drug use was not related to having a male prostitute as a partner.

- Marital status--Four percent (4%) of those living with a lover had female partners who were prostitutes and 8% had male prostitutes as sexual partners.

7.2.2.6--Transfusees as Sexual Partners (V330)

Almost three percent (2.7%) of the respondents had sexual partners who had received a blood transfusion between 1977 and 1985. The proportion of respondents with sexual partners who were transfusees remain virtually unchanged from 1987 when 2.9% of the respondents had such partners.

The only variable with a substantial relationship was marital status. Eleven percent (11%) of those living with a lover had sexual partners who were transfusees.

7.2.2.7--Sexual Partners with an STD (V334)

Almost nine percent (8.8%) of the respondents had one or more sexual partners with a sexually transmitted disease. In 1987, 7.5% reported that they had partners with an STD. The difference is not significant.

Several variables were associated with the likelihood of having a sexual partner with an STD during the year prior to the survey:

- Age--Twelve percent (12%) of both those 18-29 and those 30-39 years old reported having partners with an STD.
- Behavior change--Fifteen percent (15%) of the respondents who reported making behavioral changes due to AIDS had partners with an STD.
- Unsafe drug use--Fourteen percent (14%) of those reporting unsafe drug use within the 12-month period prior to the survey had partners with an STD.
- Knowing a PWA--Fourteen percent (14%) of those who knew a PWA also had partners with an STD.
- Marital status--Nineteen percent (19%) of the respondents who lived with a lover had one or more partners with an STD.

- Children--Twelve percent (12%) of those with children had partners with an STD.
- Income--Fourteen percent (14%) of the respondents with incomes over \$24,000 per year had a partner with an STD.
- Gender--Eleven percent (11%) of the men and 7% of the women had partners with an STD.

7.2.2.8--Homosexual or Bisexual Male Partners (V338)

Between two and three percent (2.6%) of the respondents reported that they had a homosexual or bisexual partner during the year prior to the survey. In 1987, 7.0% of the respondents reported that they had partners in these groups. The difference is significant at the $<.01$ level.

Three of the independent variables were associated with the likelihood of having homosexual or bisexual partners:

- Age--Six percent (6%) of those in the 18-29 year old group had homosexual or bisexual partners.
- Knowing a PWA--Seven percent (7%) of those respondents who knew a PWA had a partner who was homosexual or bisexual.
- Marital status--Thirteen percent (13%) of those living with a lover had one or more sexual partners who were homosexual or bisexual.

7.2.2.9--Partners with Unknown Sexual or Health History (V342)

Almost 1 of every 5 (19.1%) of the respondents had a sexual partner whose history they did not know. In 1987, 27.6% reported that they had had a similar partner. The difference is significant at the $<.001$ level.

Several independent variables were associated with having a sexual partner of this type:

- Age--Thirty percent (30%) of those 18-29 and 26% of those 30-39 years of age reported having partners with an unknown sexual or drug using history. Those in

the youngest age group were also more likely to have two or more partners of this type (15%) than the norm (7%).

- Behavior change--Almost a third (31%) of the respondents who reported that they had attempted to change their behaviors due to AIDS had a partner with an unknown sexual or drug use history.
- Sexual behavior--Thirty-eight percent (38%) of those reporting "possibly unsafe" behavior and 48% of those reporting unsafe sexual behaviors had one or more partners whose sexual or drug histories were unknown to them.. Both groups were also more likely to have two or more partners of this type (13% and 21% respectively) than the norm (7%).
- Unsafe drug use--Twenty-six percent (26%) of those with a past history of unsafe drug use and of those reporting unsafe drug use within twelve months had partners with unknown sexual or drug use histories. Those in both groups were also more likely to have two or more partners of this type (17% and 13% respectively) than the norm (7%).
- Knowing a PWA--Twenty-seven percent (27%) of those who knew a PWA also had a sexual partner with an unknown sexual or drug use history.
- Marital status--Almost a third (31%) of the single respondents had a partner of this type. Single respondents were twice as likely to have two or more partners of this type (14%) than the norm (7%).
- Gender--Twenty-five percent (25%) of the men as compared to 14% of the women reported that they'd had one or more partner of this type. Men were also more likely to have two or more partners of this type (10%) than women (4%).

**TABLE 7.2.2--AIDS RISK FACTORS: SEXUAL PARTNERS
(1987-1988)**

Types of Sexual Partners	% 1987	% 1988	Significance
HIV + partner	---	3.0	---
Person with AIDS/ARC	0.5	1.8	NS
IVDU needle-sharer	5.2	4.1	NS
Male or female prostitute	5.0	4.1	NS
Homosexual or bisexual male	7.0	2.6	<.01
Alcohol or drug abuser	20.1	13.9	<.01
Person with STD	7.0	8.8	NS
Transfusee	2.9	2.7	<.05
Unknown sexual history	27.6	19.1	<.001

7.3--AIDS Risk Factors: Sexual Practices

Respondents were asked both about the kinds of sexual practices they had engaged in with their partners during the month prior to the survey and the number of times they had engaged in each practice.

7.3.1--Anal Intercourse With a Condom (V359)

Slightly more than six percent (6.1%) of the respondents had anal intercourse with a condom during the month prior to the survey. The mean number of times respondents had engaged in this practice during that period was 0.63. The data did not indicate whether the respondents were insertive or receptive or both.

Several independent variables were associated both with the likelihood that respondents did or did not engage in this practice and the mean number of sexual partners they had:

- Sexual behavior--Although anal intercourse *with* a condom was considered to be a "safe" behavior in the computation of total risk (see Section 7.1 above), it is associated with participation in unsafe sexual behaviors. Sixteen percent (16%) of those engaged in unsafe behaviors reported having anal sex with a condom--as compared with the 6.1% norm.

Unsafe sexual behavior was also associated with more frequent anal intercourse *with* a condom--a mean of 1.83 times per month ($p = .0396$).

- Unsafe drug use--Twenty-two percent (22%) of the respondents who reported unsafe drug use more than a year prior to the survey also engaged in anal intercourse with a condom. The relationship between unsafe drug use and the mean number of times respondents participated in this practice was not significant.
- Knowing a PWA--Twelve percent (12%) of those who knew a PWA engaged in anal intercourse during the month prior to the survey.
- Gender--Men were more than twice as likely to engage in anal intercourse with a condom than women--9% to 4%.

This question was not asked in 1987.

7.3.2--Anal Intercourse with No Condom (V361)

Just over ten percent (10.2%) of the respondents engaged in anal intercourse without using a condom during the month prior to the survey. In 1987, 8.9% of the respondents engaged in this practice. The difference was not significant.

In 1987, respondents engaging in this practice reported having unprotected anal intercourse a mean number of 3.16 per month. In 1988, the mean number of times reported for the month before the survey was 1.89.

Several of the independent variables were related to respondent propensity for engaging in unprotected anal intercourse.

- Behavior change--Fifteen percent (15%) of those reporting that they had changed their behaviors due to AIDS engaged in unprotected anal intercourse ad compared to 6% of those reporting no change.
- Unsafe drug use--Twenty-six percent (26%) of those who used drugs in the past (but not within the past twelve months) had unprotected anal intercourse in the month prior to the survey.
- Marital status--Nineteen percent (19%) of those respondents living with a lover had unprotected anal intercourse.
- Gender--Fourteen percent (14%) of the male respondents had unprotected anal intercourse ads compared to 6% of the female respondents.

7.3.3--Oral Sex (V363 and V365)

Respondents were asked if they had engaged in oral-penile sex during the month before they were interviewed and, if they had, whether semen had been swallowed. Almost twenty percent (19.8%) of the respondents in 1988 indicated that they had engaged in some form of oral-penile intercourse during that period. In 1987, 20.6% reported that they had engaged in oral-penile sex. The difference was not significant.

The mean number of incidents of oral-penile intercourse in 1988 was 9.48. In 1987, it was 4.01.

Almost seven percent (6.7%) of the respondents reported that they had engaged in oral sex where semen was swallowed during the month prior to the interview, and 18.7% reported that they had oral-penile sex that did not involve swallowing semen.

Two independent variables were associated with the respondents propensity to engage in both types of oral sex:

- Knowing a PWA--Respondents who knew a PWA were more likely to engage in oral intercourse than those who didn't. Fourteen percent (14%) of those who had oral-penile sex where semen was swallowed knew a PWA and 26% of those who had oral-penile sex that did not involve swallowing semen knew a PWA.
- Marital status--Respondents who lived with a lover were more likely to engage in oral intercourse than those who were single, married, divorced, or widowed. Nineteen percent (19%) of those who engaged in oral-penile sex involving the swallowing of semen and 33% of those engaged in oral sex without semen being swallowed lived with a lover.

7.3.4--Vaginal Intercourse (with a condom) (V367)

Almost thirty percent (29.7%) of the respondents reported that they'd had protected vaginal intercourse during the month prior to the survey. In 1987, 34.3% of the respondents engaged in protected vaginal intercourse. The difference was not significant.

The mean number of incidents of protected vaginal intercourse in the month before the survey was 3.79. In 1987, the mean number of incidents was 3.43.

Variables associated with the likelihood of having protected vaginal intercourse included:

- Age--Respondent 18-29 years old and those 30-39 years of age were more likely to engage in protected vaginal intercourse--47% and 39% respectively.
- Behavior change--Forty-four percent (44%) of those who had made behavioral changes in response to AIDS had engaged in protected vaginal intercourse in the month before they were interviewed.
- Sexual behavior--Over half (56%) of the respondents reporting that they had engaged in behaviors defined as "unsafe" also had engaged in protected vaginal

intercourse during the period covered by the inquiry. That is, they had also had unprotected intercourse during the past year.

- Marital status--Respondents who were single (39%) or who lived with a lover (42%) were more likely to have had protected vaginal intercourse than married, divorced, or widowed respondents.

7.3.5--Vaginal Intercourse (without a condom) (V369)

Just over half (51.5%) of the respondents reported that they'd had unprotected vaginal intercourse during the month before being interviewed. In 1987, 58.1% of the respondents reported similar behavior during the same time period. The difference was not significant.

The mean number of incidents of unprotected vaginal intercourse in the month before the survey was 8.75. In 1987, it was 4.97.

Variables associated with the likelihood of engaging in unprotected vaginal intercourse included:

- Age--Sixty-five percent (65%) of those 18-29 and 71% of those 30-39 years of age had engaged in unprotected vaginal intercourse.
- Unsafe drug use--Seventy percent (70%) of those with a history of unsafe drug use (but not within the prior year) and 66% of those reporting unsafe drug use during the past year had engaged in vaginal intercourse without a condom.
- Marital status--Seventy-three percent (73%) of the married respondents and 60% of those living with a lover had unprotected vaginal sex.
- Parental status--Sixty-three percent (63%) of the respondents who had children had engaged in unprotected vaginal intercourse.

7.3.6--Vaginal-Oral Intercourse (V371)

Slightly more than a quarter (25.6%) of the respondents reported having vaginal-oral intercourse during the month before the interview. This question was not asked in 1987.

Independent variables associated with the likelihood of engaging in vaginal-oral intercourse included:

- Age--Thirty-seven percent (37%) of the 18-29 year olds and 39% of those 30-39 reported having vaginal-oral sex during the month before the interview.
- Sexual behavior--Fifty-five percent (55%) of those reporting "unsafe" sexual behaviors also reported that they had vaginal-oral sex.
- Unsafe drug use--Forty-five percent (45%) of those who had used drugs in the past (but not within the prior year) and 50% of those reporting unsafe drug use within the prior year had engaged in vaginal-oral sex.

TABLE 7.3--AIDS RISK FACTORS: SEXUAL PRACTICES

QUESTION 26--In the past *month*, have you engaged in the following sexual practices?

Types of Sexual Partners	%/1987	%/1988	Significance
Anal intercourse with a condom/rubber	---	6.1	---
Anal intercourse without a condom/rubber	8.9	10.2	NS
Oral sex with swallowing semen	10.6	6.7	<.05
Oral sex without swallowing semen	17.2	18.7	NS
Vaginal intercourse with a condom/rubber	34.3	29.7	NS
Vaginal intercourse without a condom/rubber	58.1	51.6	NS
Vaginal-oral sex	24.7	25.6	NS
Total oral-penile sex (with and without swallowing semen)	20.6	19.8	NS

7.4--AIDS Risk Factors: Drug Use

Respondents' risk of exposure to HIV through use of drug and alcohol was assessed by asking questions about their past and current patterns of intravenous drug use, their needle sharing behaviors, and the characteristic of their needle sharing partners.

7.4.1--Use of Drugs as an Intoxicant (V432)

About twenty-five percent (24.8%) of the respondents reported that they used "street drugs or prescription drugs to get high." This question was not asked in 1987.

Variables associated with the use of drugs to get high included:

- Age--Thirty-four percent (34%) of those 18-29 and 38% of those 30-39 years old indicated that they used drugs for this purpose.
- Behavior change--Thirty-seven percent (37%) of the respondents who indicated that they had made changes in their behaviors due to AIDS said they used drugs to get high.
- Sexual behavior--Half (50%) of those reporting "possibly unsafe" sexual behaviors and 53% of those reporting "unsafe" sexual behaviors used drugs to get high--as compared to only 12% of those reporting only "safe" sexual behaviors.
- Knowing a PWA--Thirty-six percent (36%) of the respondents who knew a PWA used drugs to get high--as compared to 18% of those who did not know a PWA.
- Marital status--Thirty-six percent (36%) of the single respondents and 48% of those living with a lover used drugs to get high.

7.4.2--Intravenous Drug Use (V471)

Almost seven percent (6.5%) of the respondents reported that they had injected drugs into their veins or under their skin within the 12-month period prior to being interviewed. Another 3.9% had a history of injecting drugs, but not within the past year. In 1987, respondents were asked only about drug use within the 12-month period before the survey and 7.3% of the respondents indicated that they had used drugs within that time. The difference between years was not significant.

Variables associated with injecting drugs included:

- Behavior change--Eleven percent (11%) of those indicating they'd changed their behaviors due to AIDS had used drugs within the past year.
- Sexual behavior--Ten percent (10%) of those reporting "unsafe" sexual behaviors had injected drugs within the past year and 8% of those reporting "unsafe" sexual behaviors had injected drugs more than a year ago.
- Knowing a PWA--Thirteen percent (23%) of those respondents who knew a PWA had injected drugs within the past year and 7% of those who knew a PWA had injected drugs more than a year ago.
- Marital status--Eighteen percent (18%) of those living with a lover had injected drugs during the twelve months prior to the survey.
- Personal vulnerability--Fifteen percent (15%) of the respondents who had high scores on the personal vulnerability scale had injected drugs within the past year.

7.4.3--Sharing Intravenous Drug Needles (V475)

Just under three percent (2.6%) of the respondents indicated that they had shared needles within the past twelve months. Another 1.1% reported sharing in the past but not within the past year.

The number of IVDUs and the number of IVDU needle sharers who are male and female is comparable. Yet, 50% of the male IVDUs reported sharing needles within the past 12 months compared to only 27% of the female IVDUs. In contrast, 8% of the male IVDUs and 27% of the female IVDUs reported that they had shared needles more than a year ago. This suggests that male IVDUs may be more persistent in maintaining needle sharing behaviors than females

No other independent variables seemed associated with needle sharing.

In 1987, respondents were asked if they had shared needles during the *six months* prior to the survey and 4.3% indicated that they had. However, although the results suggest a decrease in needle sharing, given the different wording they are not comparable.

7.4.4--Needle Sharing Frequency (V476)

The mean number of times that IVDU respondents shared needles in the 12 months prior to the survey was 7.69. This item was not included in the 1987 baseline survey.

Although significance was obscured by the small cell sizes, several independent variables seem to be associated with differences in the mean number of times that respondents shared needles:

- Age--The mean for respondents over 40 years old was 17.00. Directionality was maintained when the total number of times that respondents had shared needles during their entire lifetime was considered.
- Behavior change--The mean for those reporting that they had changed behavior due to AIDS was 9.00 as compared to 2.00 for those not reporting any changes. Directionality was not affected by lifetime sharing patterns.
- Sexual behavior--The mean for those reporting that they had engaged in "unsafe" sexual behaviors during the prior year was 8.91 as compared to 5.00 for those reporting "safe" sexual behavior. The directionality of this variable was reversed when lifetime patterns were considered.
- Knowing a PWA--Respondents who knew a PWA had a mean of 10.20--as compared with a mean of 3.60 for those who did not know a PWA. Directionality was maintained when lifetime patterns were considered.
- Marital status--The mean for divorced and widowed respondents was 18.00. When means for the number of times "ever shared" (including sharing needles more than 12 months before the survey) were considered, those for respondents living with a lover (60.71) and for those who were married (72.00) were larger than for divorced or widowed respondents (38.25).
- Personal vulnerability--IVDUs with both *high* and *low* scores on the personal vulnerability scale shared more often than those with medium personal vulnerability scores. The mean for those with a high level of personal vulnerability was 9.67. For those with low scores it was 5.00. And, for those with medium scores, 0.67. Lifetime patterns did not affect directionality.

7.4.5--Number of Needle Sharing Partners (V504)

Respondents reported sharing needles with mean number of 2.30 partners during the 12 months prior to the survey. This question was not asked in 1987.

The number of needle sharing partners reported correlated positively and significantly with having anal sex without a condom ($p = .0000$) and having oral sex ($p = .0000$).

7.4.6--Relationship of Needle Sharing Partners (V507-V513)

Those respondents who reported that they had shared needles within the 12 months prior to the survey were asked if they had shared needles with a "friend or associate," a "spouse," a "trick (one night sex partner)," a "lover (male)," a "lover (female)," a "stranger" or a "stranger in a shooting gallery."

- Seventy-five percent (75%) reported that they had shared a needle with a friend or associate.
- Thirty-three percent (33%) reported sharing with a spouse.
- Eight percent (8%) said they had shared a needle with a trick or one-night lover.
- Thirty-three percent (33%) reported sharing with a male lover.
- Forty-two percent (42%) said they had shared a needle with a female lover.
- Seventeen percent (17%) reported that they had shared a needle with a stranger.

Cell sizes were too small for any significant relationships to be identified. In 1987, these questions pertained to the six months prior to the survey rather than the entire year prior to the survey. Results are, therefore, not comparable.

7.4.7--Ethnicity of Needle Sharing Partners (V516-V519, V520)

Those respondents who injected drugs and shared needles were asked about the ethnicity of their needle sharing partners.

- All of the respondents (100%) reported that they had shared needles with other Black IVDUs.

- Thirty-one percent (31%) reported that they had shared needles with "someone wh is Hispanic or Latino."
- Thirty-one percent (31%) reported that they had shared needles with "someone who is white."
- Eight percent (8%) had shared needles with people in other ethnic groups.

Although the small cell sizes prevented identification of any significant relationships with the independent variables, or strong evidence directionality, sharing needles with Black partners did correlate high with having vaginal sex without a condom ($p = .0000$).

In response to the question "What is the racial or ethnic group of those people you shared needles with most often during the last 12 months?", 91% of the respondents said that their partners were most frequently Black. The remaining 9% reported that their needle sharing partners were most frequently white.

Neither of these questions was included in the 1987 baseline survey.

7.4.8--Gay Needle Sharing Partners (V524)

Intravenous drug using respondents were asked "Have you ever shared a needle with a gay man?" and, if they had, "Was that within the last 12 months or was it longer ago than that? This question was not asked in 1987.

A third of the needle sharers reported that they had shared a needle with a gay man in the past. Only one of them reported that they had shared a needle with a gay man in the past year. However, over half (53%) indicated that they did not know whether they had ever shared a needle with a gay man.

Cell size was too small to identify significantly related independent variables or evidence of strong directionality. However, having shared needle with a gay man did correlate positively with having had oral sex where semen was swallowed ($p = .034$).

7.4.9--HIV+ Needle Sharing Partners (V525)

Needle sharing respondents were asked "Have you ever shared a needle with someone who had or later developed AIDS or who tested positive for HIV?" This question was not asked in 1987.

A third (33%) of the needle sharers reported that they definitely had shared a needle with a partner who was, or who became, HIV+. Another 24% were not sure if they had.

The small cell size made it impossible to identify significant relationships between sharing needles with an HIV+ partner and the various independent variables. However, having an HIV+ needle sharing partner in the past did correlate significantly with having vaginal sex without a condom.

7.5--AIDS Risk Factors: Alcohol and Drug Use and Sex (V347-V357)

In assessing the potential for exposure to HIV as a result of sexual disinhibition, respondents were asked to estimate the number of times they had used alcohol and a variety of other intoxicants during sex in the year prior to the survey. This question was not asked in 1987.

7.5.1--Alcohol Use and Sex (V347)

Thirty-eight percent (38.0%) of the respondents indicated that they had used alcohol in conjunction with sex during the 12 months before they were interviewed. According to their estimates, the mean number of times they had been high on alcohol during sexual activity in that period was 18.23.

Several independent variables were associated with propensity to be high on alcohol during sex:

- Age--Younger respondents were more likely to be high on alcohol than older respondents. Over half (51%) of those in the 18-29 age range and 55% of the 30-39 year olds had been high on alcohol during sex.
- Behavior change--Half (50%) of those reporting behavior changes due to AIDS had been high on alcohol during sex.
- Sexual behavior--Seventy-five percent (75%) of those reporting "possibly safe" sexual behavior and 69% of those reporting "unsafe" behavior used alcohol in conjunction with sex. This was correlated with vaginal intercourse with a condom ($p=.001$) and without a condom ($p=.009$), having partners who were IVDUs ($p=.001$), and with having a sexually transmitted disease ($p=.006$).

- Unsafe drug use--Over half (52%) of those reporting unsafe drug use more than a year before the survey and 60% of those reporting current unsafe drug use used alcohol to get high during sex. "Unsafe" drug use was defined as injecting drugs.
- Marital status--Sixty-three percent (63%) of those living with a lover used alcohol to get high during sex.

7.5.2--Use of "Poppers" and Sex (V349)

Only one person (0.3%) had used poppers to get high during sex the year before the survey, and that person had used poppers an estimated five times during the year.

Cell size was too small to identify significant relationships with any other variables.

7.5.3--Marijuana Use and Sex (V351)

Over twenty-three percent (23.3%) of the respondents had used marijuana in conjunction with sex. The mean number of times used during the year was 21.07 according to respondent estimates.

Several variables were associated with the likelihood of using marijuana during sexual activity:

- Age--Thirty-four percent (34%) of those 18-29 and 40% of the 30-39 year olds respondents reported marijuana use in conjunction with sex.
- Behavior change--Thirty-three percent (33%) of those saying they had changed behavior also used marijuana during sex.
- Sexual behavior--Half (50%) of those reporting "possibly unsafe" behavior and 47% of those reporting "unsafe" behavior had used marijuana during sex. Marijuana use was correlated with anal sex without a condom ($p = .008$), vaginal sex without a condom ($p = .000$), and vaginal-oral sex ($p = .022$). Respondents using marijuana as a disinhibitor were also more likely to have partners who abused alcohol or other drugs ($p = .000$) or multiple IVDU partners ($p = .000$).
- Unsafe drug use--Forty-three percent (43%) of those who had injected drugs in the past and 33% of those reporting that they had injected drugs during the year prior to the survey also used marijuana to get high during sex.

- Marital status--Single respondents (36%) and those living with a lover (40%) were more likely to use marijuana during sex.

7.5.4--Cocaine Use and Sex (V353)

Over 1 of every 8 (13.3%) of the respondents had used cocaine to get high during sex in the prior year. According to their estimates the mean number of times it was used in conjunction with sex was 14.77.

Variables that seemed associated with cocaine use included:

- Sexual behavior--Almost a third (32%) of those who'd had unsafe sex during the prior year used cocaine at least some of the time in conjunction with sex. Cocaine use correlated with having multiple IVDU partners ($p=.000$), and partners who abused alcohol or other drugs ($p=.016$). It was also positively related to vaginal-oral sex ($p=.003$) and protected vaginal intercourse ($p=.003$).
- Unsafe drug use--Forty-three percent (43%) of those reporting a past history of injecting drugs and 40% of those who had injected drugs within 12 months reported cocaine use during sex.
- Marital status--Twenty-one percent (21%) of the single respondents and 25% of those living with a lover used cocaine during sex.
- Gender--Men were twice as likely as women--18% and 9% respectively--to use cocaine during sex.

7.5.5--Crack Use and Sex (V355)

About 1 in every 12 respondents (8.1%) reported that they'd used crack during sex within the 12 months prior to the survey. Based on their estimates the mean number of times they used crack while having sex was 16.31.

Variables associated with propensity to use crack during sex included:

- Sexual behavior--Almost 1 in every 5 of those reporting unsafe sexual behaviors (19%) had used cracked during sex. Crack use was correlated with having sexual partners who were HIV+ ($p=.001$) or PWAs ($p=.000$) or IVDUs ($p=.000$). It was also correlated with anal intercourse with a condom ($p=.013$) and without a

- Marital status--Single respondents (36%) and those living with a lover (40%) were more likely to use marijuana during sex.

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Variables that seemed associated with cocaine use included:

- Sexual behavior--Almost a third (32%) of those who'd had unsafe sex during the prior year used cocaine at least some of the time in conjunction with sex. Cocaine use correlated with having multiple IVDU partners ($p = .000$), and partners who abused alcohol or other drugs ($p = .016$). It was also positively related to vaginal-oral sex ($p = .003$) and protected vaginal intercourse ($p = .003$).
- Unsafe drug use--Forty-three percent (43%) of those reporting a past history of injecting drugs and 40% of those who had injected drugs within 12 months reported cocaine use during sex.
- Marital status--Twenty-one percent (21%) of the single respondents and 25% of those living with a lover used cocaine during sex.
- Gender--Men were twice as likely as women--18% and 9% respectively--to use cocaine during sex.

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Variables associated with propensity to use crack during sex included:

- Sexual behavior--Almost 1 in every 5 of those reporting unsafe sexual behaviors (19%) had used cracked during sex. Crack use was correlated with having sexual partners who were HIV+ ($p = .001$) or PWAs ($p = .000$) or IVDUs ($p = .000$). It was also correlated with anal intercourse with a condom ($p = .013$) and without a

condom ($p = .000$), and with "possibly unsafe sex" practices like oral intercourse involving the swallowing of semen ($p = .003$) and without swallowing semen ($p = .000$).

- Unsafe drug use--Twenty-six percent (26%) of those who had injected drugs more than a year before the survey and 33% of those who had injected drugs more recently used crack during sex.
- Marital status--Fourteen percent (14%) of the single respondents and 17% of those living with a lover used crack during sex.
- Gender--Men were more than twice as likely to use crack during sex as women--12% and 5% respectively.

7.5.6--Length of Acquaintance Prior to Sexual Activity (V344-V346)

Respondents were asked how long they had known each of their last three partners before they had sex with them. In each instance, alcohol and all four of the other drugs discussed above had strong negative correlations with length of acquaintance before sex. That is, the more likely a respondent was to use drugs during sex the shorter period of time he or she was likely to know a partner before having sex with them.

TABLE 7.5--ALCOHOL AND DRUG USE IN CONJUNCTION WITH SEX

QUESTIONS 25--About how many *times* in the last 12 months have you been high on the following drugs during sexual activities?

Drug	% Using During Sex	Mean
Alcohol	38.0	18.23
Poppers (inhalants)	6.3	5.00
Marijuana	29.3	21.07
Cocaine	11.3	14.77
Crack	8.1	16.31
Other	4.0	21.63

7.6--AIDS Risk Factors: Peer Attitudes (V526-V534)

Respondent perceptions of peer group behaviors were assessed in order to identify relationships between those perceptions and the respondents' risk behaviors. Respondent perceptions about nine types of peer behavior were considered and compared both to the independent variables and to respondent behaviors. A number of significant relationships were discovered. It appears that having friends who have high risk partners or who participate in high risk sexual or drug use behaviors is associated with an increased likelihood of engaging in risky activities.

These questions were not asked in 1987.

7.6.1--Having Friends Who Use Drugs (V526)

More than a third of the respondents (36.1%) reported that they had a lot of friends who use drugs. Another 60.4% felt that their friends were not drug users. Only 3.5% did not know whether their friends used drugs or not.

Variables associated with having friends who are perceived to be drug users included:

- Age--Respondents who were 18-29 (57%) and 30-39 years old (49%) were more likely to believe their peers used drugs than those over 40 (16%).
- Behavior change--Fifty-four percent (54%) of those who said they had made changes in their behaviors due to AIDS believed their friends used drugs.
- Sexual behavior--Seventy-five percent (75%) of those reporting "possibly unsafe" and 67% of those reporting "unsafe" sexual behaviors felt their peers used drugs. These respondents were more likely to have anal intercourse with condoms ($p = .020$) and without condoms ($p = .000$), oral sex where semen was swallowed ($p = .015$) and not swallowed ($p = .000$), vaginal intercourse with condoms ($p = .000$) and without condoms ($p = .000$), and vaginal-oral sex ($p = .000$) than those whose friends were not drug users.
- Unsafe drug use--Seventy-three percent (73%) of the respondents who reported that they had injected drugs more than a year ago and 67% of those reporting intravenous drug use in the past year said they believed their peers used drugs.

Believing that one's peer group uses drugs is correlated with intravenous drug use ($p = .000$).

- Marital status--Fifty-three percent (53%) of the single respondents and 65% of those living with a lover believed that a lot of their friends used drugs.
- Gender--Men (45%) were more likely than women (28%) to express this belief.

7.6.2--Having Friends Who Shoot Drugs (V527)

Ten percent (10.0%) of the respondents believed that a lot of their friends "shot" drugs--used them intravenously. Eighty-five percent (85%) did not believe their friends shot drugs and 5% were unsure.

Several variables were associated with this belief.

- Age--Although the relationship was not significant, respondents 18-29 (13%) and 30-39 (13%) were slightly more likely to say their friends were intravenous drug users than those over 40 years of age (7%).
- Sexual behavior--Twenty percent (20%) of those who had participated in unsafe sexual behaviors during the year prior to the survey believed their friends injected drugs. That belief was correlated with anal intercourse--both with ($p = .000$) and without ($p = .000$) condoms, oral sex where semen was swallowed ($p = .000$) and unprotected vaginal intercourse ($p = .002$). They were also likely to have IVDU sexual partners ($p = .038$).
- Unsafe drug use--Seventy-three percent (73%) of those who had injected drugs more than a year prior to the survey and 73% of those who had injected drugs since that time reported that their peers also shot drugs. This belief correlated highly with intravenous drug use by respondents ($p = .000$).
- Marital status--Respondents who lived with a lover were more likely to have friends who shot drugs (21%).
- Gender--Men were more likely (16%) to have friends who were intravenous drug users than women (5%).

7.6.3--Having Homosexual Friends (V528)

Slightly more than seven percent (7.1%) of the respondents reported that they had a lot of friends who only had "sex with people of the same sex." Almost 1 in 5 (18.5%) were uncertain.

Several of the independent variables were associated with the likelihood of having friends who had same sex partners.

- Sexual behavior--Thirteen percent (13%) of those reporting "possibly unsafe" and "unsafe" sexual behaviors had a lot of peers who had same sex lovers. They were also likely to have homosexual or bisexual partners ($p=.000$) and sexual partners who were HIV+ ($p=.000$) or PWAs ($p=.000$) and to engage in unprotected anal ($p=.015$) and vaginal ($p=.036$) intercourse and oral-penile sex where semen was swallowed ($p=.002$).
- Unsafe drug use--Having homosexual friends correlated with intravenous drug use ($p=.001$).
- Marital status--Twenty-three percent (23%) of those living with a lover had a lot of friends with same sex partners.

7.6.4--Having Bisexual Friends (V529)

Over nine percent (9.4%) of the respondents said they had a lot of friends who had "sex with both men and women." Almost two-thirds (64.8%) of the respondents did not have a lot of bisexual friends and 25.8% did not know if many of their friends were bisexual.

Several factors were related to this problem.

- Sexual behavior--Those reporting that they had a lot of bisexual friends were likely to engage in anal intercourse with ($p=.000$) and without ($p=.000$) a condom, oral sex with ($p=.000$) and without ($p=.002$) swallowing of semen, and vaginal intercourse with ($p=.043$) and without ($p=.012$) use of a condom. They were also likely to have homosexual or bisexual partners ($p=.000$) and partners who were HIV+ ($p=.000$) or PWAs ($p=.000$).

- Unsafe drug use--Having a lot of bisexual friends was strongly associated with injecting drugs ($p = .001$).
- Marital status--Twenty-three percent (23%) of those living with lovers reported that they had a lot of bisexual friends.

7.6.5--Having Heterosexual Friends (V530)

Almost 4 of every 5 respondents (79.5%) said they had a lot of friends who "only have sex with people of the opposite sex."

All of those reporting unsafe drug use within the past year and 91% of those reporting past unsafe drug use said they had a lot of heterosexual friends. However, the small size of the cells prevented determination of significance.

7.6.6--Having Friends Who Use Drugs During Sex (V531)

Respondents were split almost evenly between those who said they had a lot of friends who "have sex when they are high" (33.4%), those who said they didn't (34.9%), and those who were not sure (31.7%).

Several variables were associated with having peers who used drugs in conjunction with sex:

- Age--Over half (51%) of those 18-29 years of age and 45% of those 30-39 had a lot of friends who mixed sex and drug use.
- Behavior change--Fifty-two percent (52%) of those reporting behavioral changes due to AIDS also had peers who had sex while they were high.
- Sexual behavior--Sixty-three percent (63%) of those reporting "possibly safe" and 67% of those reporting "unsafe" sexual behavior in the year prior to the survey had peers of this type. The behaviors they were most likely to engage in were anal sex with ($p = .040$) and without ($p = .001$) a condom, oral sex with ($p = .002$) and without ($p = .000$) condoms, and vaginal-oral sex ($p = .001$). Respondents with friends who used drugs in conjunction with sex were also likely to have sex with homosexual and bisexual partners ($p = .033$) and with HIV+ partners ($p = .033$).

- Unsafe drug use--Having peers who use drugs during sex was correlated with intravenous drug use by respondents ($p = .000$).
- Marital status--Fifty percent (50%) of the single respondents and 54% of those living with a lover indicated that they had peer groups of this type.
- Gender--Men were more likely (42%) than women (26%) to have friends who mixed drugs and sex.
- Personal vulnerability--Forty-six percent (46%) of those respondents who scored high on the personal vulnerability scale reported that they had peers who engaged in sex while high.

7.6.7--Friends Who Have Sex With Strangers (V532)

Almost twenty-five percent (24.8%)--or 1 of every 4--of the respondents said that they had "a lot of friends who have sex with people they don't know very well," while 37.8% said that they did not have friends of this type, and an equal number (38.7%) who did not know if their friends had sex with strangers.

Independent variables associated with the likelihood of having such friends included:

- Age--Almost half (48%) of the respondents in the 18-29 year old age group reported that they had friends who had sex with partners they didn't know well.
- Behavior change--Forty percent (40%) of those who said they had changed behavior as a result of AIDS also said they had friends of this type.
- Sexual behavior--Over sixty percent (63%)--or more than 3 of every 5 respondents who said they had "possibly unsafe" and (48%) of those reporting "unsafe" sexual behavior in the year prior to the survey said they had peers who had sex with strangers. Having peers of this type was correlated with engaging in anal sex with ($p = .039$) and without ($p = .001$) a condom, vaginal sex with ($p = .000$) and without ($p = .001$) a condom, oral sex with ($p = .024$) and without ($p = .000$) swallowing semen, and vaginal-oral sex ($p = .002$). They were also more likely to have homosexual or bisexual partner ($p = .011$) and partners who were HIV+ ($p = .041$).
- Unsafe drug use--Respondents whose peers have sex with strangers comprised 55% of those who had a prior history of intravenous drug use, and 47% of those

injecting drugs within the year before the survey. It was correlated with intravenous drug use by respondents ($p = .007$).

- Marital status--An almost equal proportion of single respondents and of those who lived with a lover (37% and 38% respectively) had peers who have partners they don't know well.
- Personal vulnerability--Thirty-five percent (35%) of the respondents who had high personal vulnerability scores reported having friends who had sex with strangers.

7.6.8--Friends Who Have Anal Sex (V533)

Slightly more than ten percent (10.6%) of the respondents said their friends sometimes had anal sex. Almost thirty percent (29.3%) said their friends did not have this type of sex, and 60.1% did not know if their friends had anal sex.

Several independent variables were associated with having friends of this type:

- Age--Twenty percent (20%) of those 18-29 years old had friends who had anal sex.
- Sexual behavior--About 1 of every 4 of those reporting "possibly unsafe" (25%) and "unsafe" (25%) sexual behaviors had friends who had anal sex. Having friends of this type was correlated with having anal sex with ($p = .005$) and without ($p = .000$) condoms, vaginal sex with ($p = .000$) and without ($p = .000$) condoms, oral sex with ($p = .001$) and without ($p = .000$) swallowing, and vaginal oral sex ($p = .000$). Respondents with friends who have anal sex were also more likely to have sexual partners who were female ($p = .041$) and male ($p = .023$) prostitutes, homosexual or bisexual men ($p = .001$), or partners who were HIV+ ($p = .005$) or PWAs ($p = .022$).
- Unsafe sexual behavior--Thirty-six percent (36%) of those with a past history of intravenous drug use (more than a year prior to the survey) and 20% of those reporting more recent drug use had friends who engage in anal sex. Having friends of this type was correlated with injecting drugs ($p = .006$).

- Marital status--Twenty-three percent (23%) of those living with a lover had friends who had anal sex.

7.6.9--Friends Who Have Group Sex (V534)

Just over seven percent (7.3%) said they had "a lot of friends who had group sex sometimes," 36.7% said they did not, and 56% did not know whether their friends had sex of this type.

Having friends who had group sex or knowing that your friends have group sex was correlated with several independent variables. Respondents who were between 18 and 29 years old, those having change their behaviors due to AIDS, those reporting "possibly unsafe" and "unsafe" behaviors, those who had injected drugs in the past or are currently injecting drugs, those knowing a PWA, and those living with a lover were more likely to know that their friends had group sex.

- Age--Thirteen percent (13%) of the respondents who were 18-29 years old said they had friends who had group sex.
- Behavior change--Twelve percent (12%) of those who said that they had changed their sexual or drug using behaviors due to AIDS had friends who had group sex.
- Sexual behavior--Twenty-five percent (25%) of those reporting "possibly unsafe" and 16% of those reporting "unsafe" sexual behavior knew their friends had group sex. They were more likely to have oral sex involving the swallowing of semen ($p = .000$), anal sex with ($p = .001$) and without ($p = .001$) condoms, and vaginal sex without condoms ($p = .013$).

They were also more likely to have sexual partners who were homosexual or bisexual ($p = .000$) or partners who were HIV+ ($p = .000$) or a PWA ($p = .006$).

- Unsafe drug use--Respondents knowing their friends had group sex were more likely to inject drugs ($p = .000$). Thirty-two percent (32%) of those reporting intravenous drug use more than a year before the survey and 20% of those injecting drugs within the prior year knew their friends had this type of sex.

- Knowing a PWA--Thirteen percent (13%) of those who knew a PWA--as compared to 4% of those who did not know a PWA--knew their friends sometimes had group sex.
- Marital status--Twenty-three percent (23%) of those living with a lover knew their friends had group sex.

TABLE 7.6--PERCEPTIONS OF PEER GROUP SEX AND DRUG USE BEHAVIORS

QUESTION 34--Please indicate whether a lot of your friends engage in the following activities. Do you have a lot of friends who:

Activity	% Yes	% No	% Don't Know
Use drugs	36.1	60.4	3.5
Shoot drugs	10.0	85.0	5.0
Only have sex with people of the same sex	7.1	74.4	18.5
Have sex with both men and women	9.4	64.8	25.8
Only have sex with people of the opposite sex	79.5	6.2	14.4
Have sex when they are high	33.4	34.9	31.7
Have sex with people they don't know very well	24.6	37.8	37.5
Have anal sex sometimes	10.6	29.3	60.1
Have group sex sometimes	7.3	36.7	56.0

8.0--RISK REDUCTION

A number of items on the survey were designed to assess various beliefs and attitudes believed to be prerequisites of effective risk reduction and to document reported changes in respondent risk behaviors. The extent to which respondents felt personally vulnerable to AIDS was assessed as was their sense of personal efficacy in changing behaviors, the degree of comfort in discussing sexual behaviors with partners, and their attitudes about condom use. They were also asked to identify specific changes they had made in their sexual and drug using behaviors as a result of the AIDS epidemic. Responses were analyzed to identify demographic and attitudinal variables that distinguished between respondents.

8.1--Personal Vulnerability (V535, V539, V543, V547, V550, V554, V556, V565)

Personal vulnerability was defined as feeling specifically vulnerable to AIDS. Eight items were used to scale responses.

The mean number of responses for the entire population of respondents was 3.53. Analysis of variance identifies a number of independent variables that were associated with variances from the mean and distinguished between various subgroups of respondents.

- Age--Younger respondents felt more vulnerable than older respondents. The mean for those 18-29 was 4.04 and for those 30-39 it was 4.06 ($p = .0000$).
- Behavior change--Respondents reporting that they had made changes in behavior due to AIDS had a mean score of 4.35 ($p = .0000$).
- Sexual behavior--Respondents engaging in "possibly unsafe" and those engaging in "unsafe" sexual behavior had means scores of 3.87 and 4.23 respectively ($p = .0000$).
- Unsafe drug use--Respondents reporting intravenous drug use more than a year prior to the survey and those reporting injecting drugs within a year had mean scores of 5.08 and 5.60 respective ($p = .0000$).
- Knowing a PWA--Respondents who knew a PWA had a mean score of 4.11 ($p = .0000$).
- Marital status--Single respondents and those living with a lover had mean scores of 4.09 and 3.75 respectively ($p = .0000$).

- Household size and parenthood--Respondents living in household of 3 or more people had a mean of 3.83 ($p = .0037$) and parents had a mean score of 3.82 ($p = .0150$).

TABLE 8.1--PERSONAL VULNERABILITY TO AIDS

QUESTION 35--For each of the following statements, please tell me whether you agree, disagree, or have no opinion.

Statement	% Agree	% Disagree	% No Opinion
I am not worried about getting AIDS	51.7	43.4	4.9
I am concerned that I might get exposed to the AIDS virus	37.2	56.7	6.1
I feel helpless against a disease like AIDS	47.7	48.8	3.5
The idea of getting AIDS really frightens me	69.1	26.3	4.6
I don't think AIDS will ever affect my own life	60.0	26.1	13.9
I consider my own AIDS risk to be very low	83.7	10.8	5.5
These days everybody is at risk for getting AIDS	68.7	26.1	5.2
I am fearful about getting AIDS	53.0	40.6	6.4

8.2--Personal Efficacy (V536, V537, V540, V542, V546)

Personal efficacy was defined as a sense of being able to control one's life and make changes in behavior. Five items were used to assess the extent to which the respondents felt efficacious.

The mean for all respondents on the personal efficacy scale was 3.03. Factors associated with an increased sense of personal efficacy included age, behavioral change, and education. Although the relationships were not significant, those reporting "possibly unsafe" and "unsafe" sexual behaviors and those with current or past histories of intravenous drug use felt less efficacious as evidenced by mean scores lower than the mean for the entire population.

- Age--Respondents 18-29 and 30-39 years of age had mean scores of 3.06 and 3.41 respectively ($p = .0018$).
- Behavior change--Respondents reporting changes in behavior due to AIDS had a mean score of 3.32 ($p = .0002$).
- Education--High school graduates and those with some college education had mean scores of 3.09 and 3.26 respectively ($p = .0044$)

TABLE 8.2--PERSONAL EFFICACY

QUESTION 35--For each of the following statements, please tell me whether you agree, disagree, or have no opinion.

Statement	% Agree	% Disagree	% No Opinion
I don't think condoms can provide very much real protection against AIDS	26.7	57.1	16.2
I think I will be able to protect myself from being exposed to AIDS	81.4	10.8	7.8
The preventive measures that now exist give good protection against AIDS infection	47.5	28.4	24.1
In my opinion, there is no such thing as "safe" or "safer" sex so far as AIDS is concerned	47.5	42.0	10.4
There is really very little a person can do to keep from getting AIDS	11.4	78.6	6.1

8.3--Social Norms (V545, V549, V551, V553, V555)

Respondents were asked five questions designed to assess the extent to which respondents believe their peers are concerned about AIDS and ready to change their behaviors. The mean for the entire population on the social norm scale was 2.8. Variable associated with scores on the social norm scale included age, behavioral change, personal vulnerability, marital status, and income.

- Age--Respondents between the ages of 18-29 and 30-39 years old had mean scores of 2.97 and 3.22 respectively ($p = .0011$).
- Behavior change--Those reporting changes in behavior due to AIDS had a mean score of 3.21 ($p = .0000$).
- Personal vulnerability--Mean scores on the social norm scale increased as scores on the personal vulnerability scale increased. Respondents with medium and high scores on the personal vulnerability scale had mean scores on the social norm scale of 2.96 and 3.43 respectively ($p = .0000$).
- Marital status--Single respondents and those living with a lover had mean scores of 2.98 and 3.25 respectively ($p = .0517$).
- Income--Those with incomes of less than \$12,000 per year had a mean score of 3.00 ($p = .0319$).

Although not significant, mean scores for those reporting "possibly unsafe" sexual behaviors (3.12) and those reporting past or current unsafe drug use (3.04 and 3.47) indicate that respondents in these groups perceive their peers to be concerned and making changes as a result of AIDS. In contrast, the mean score (2.63) of those reporting "unsafe" sexual behaviors (e.g., risky partners and/or unprotected intercourse) suggests that they do not seem to believe that their peers are concerned about AIDS.

TABLE 8.3--PERCEIVED SOCIAL NORMS

QUESTION 35--For each of the following statements, please tell me whether you agree, disagree, or have no opinion.

Statement	% Agree	% Disagree	% No Opinion
AIDS has caused a lot of people to think more seriously about sex	69.6	13.9	16.5
Most people are trying to protect themselves against AIDS these days	62.0	18.0	20.0
AIDS has made people a lot more careful about who they have sex with	66.0	16.9	17.2
Most of the people I know have made changes in their lives to protect themselves against AIDS	54.8	22.6	22.6
Even a disease as serious as AIDS is not going to change people's attitudes about having sex or using drugs	58.0	31.0	11.0

8.4--Desire for AIDS Information (V538, V544)

Respondents were asked two questions in order to assess the extent to which they were interested in receiving additional information about AIDS. The mean for the entire population was 1.50. Variables associated with higher levels of interest included changes in behavior, personal vulnerability, and gender.

- Behavior change--Respondents indicating that they had made changes in their behavior had a mean score of 1.67 ($p = .0000$).
- Personal vulnerability--Interest in additional information about AIDS increased as the level of the respondent's sense of personal vulnerability increased. The mean score for those with medium levels of personal vulnerability was 1.52 and for those with high levels of personal vulnerability 1.70--in contrast to 1.39 for those with low personal vulnerability scores ($p = .0025$).
- Gender--Women had higher mean scores (1.59) than men ($p = .0102$).

TABLE 8.4--DESIRE FOR INFORMATION ABOUT AIDS

QUESTION 35--For each of the following statements, please tell me whether you agree, disagree, or have no opinion.

Statement	% Agree	% Disagree	% No Opinion
I would like to learn more about AIDS and how it is spread	80.9	13.6	5.5
I have already heard more than I want to hear about AIDS	24.9	71.0	4.1

8.5--Belief in Efficacy of Risk Reduction Methods (V238, V241, V540)

Three items were used to gain insight into the respondents' belief in the efficacy of various risk reduction methods. It was assumed that knowing about and believing that the methods available for reducing risk of exposure to HIV were effective was a precondition for being willing to adopt them.

8.5.1--Efficacy of Condoms (V238)

Over eighty percent (82.0%) of the respondents believed that condoms can reduce the spread of AIDS. Very few disagreed (4.3%) although about 1 in every 8 respondents (13.6%) were not sure.

Those 18-29 (88%) and 30-39 (90%), those who had attempted to make behavior changes (90%), those reporting "possibly unsafe" (88%) and "unsafe" sexual behaviors (89%), single respondents (89%), those with children (87%), and those with high personal vulnerability score (91%) were more likely to agree with the statement.

8.5.2--Efficacy of Bleach and Detergent as Viricides (V241)

Less than 1 in every 4 (23.7%) of the respondents were aware that HIV can be killed by bleach or detergent. The majority (61.3%) did not believe it was true and 15.0% were not sure.

Younger respondents--18-29 (29%) and 30-39 (30%), those who'd made behavior changes (37%), those reporting "unsafe" sexual behaviors (30%), those with past or current "unsafe drug use" (45% and 47% respectively), those who knew a PWA (34%) and single respondents (32%), and those with high personal vulnerability scores (40%) were more likely to now that bleach and detergent were viricides. **It is worth noting that less than half of the IVDUs in the sample knew that bleach could kill the AIDS virus.**

8.5.3--Belief in Protective Capability of Available Methods (V540)

Less than half (47.5%) of the respondents believed that currently available risk reduction methods offered "good protection against AIDS infection." The remaining respondents were split fairly evenly between those who did not believe it (28.4%) and those who were not sure (24.1%).

Respondents in the 30-39 year old group (60%), those reporting changes in behavior (59%), those with past (61%) or current (67%) unsafe drug use, those living with a lover (60%), and those who felt highly vulnerable to AIDS (60%) were more likely to believe in the efficacy of current risk reduction techniques.

TABLE 8.5--BELIEF IN EFFICACY OF RISK REDUCTION METHODS

QUESTION 16--Please tell me whether you believe each of the following statements is true or false or if you are not sure: Latex condoms (rubbers) can reduce the chance of passing the AIDS virus from one partner to the other.

QUESTION 16--The AIDS virus is easily killed by ordinary bleach or detergent.

QUESTION 35--For each of the following statements, please tell me whether you agree, disagree, or have no opinion: The preventive measures that now exist give good protection against AIDS infection.

Statement	% True or Agree	% False or Disagree	% Not Sure or No Opinion
Condoms reduce the chance of passing the AIDS virus	82.0	4.3	13.6
Bleach or detergent kills the virus	23.7	61.3	15.0
Current preventive measures give good protection	47.5	28.4	24.1

8.6--Comfort in Discussing Sex and Drug Use with Partner (V373-V378)

Six items were designed to assess respondent comfort in talking with their partners about past and current sex and drug use behaviors. It is generally assumed that feeling comfortable in discussing these issues increases the likelihood of being able to change behavior and reduce risk of HIV infection.

Topics included number of past partners, sexually transmitted disease history, intravenous drug use, homosexual or bisexual partners, willingness to use condoms, and HIV status. Most--between 68% and 79%--of the respondents said they felt comfortable discussing any and all of these topics with their partners.

Several of the independent variables were generally associated with increased comfort in discussing these topics with their partners:

- Age--Younger respondents--80% and 93% of those 18-29 and 30-39--were more likely to feel comfortable in discussing all six subjects with their partners than respondents over 40 years of age.
- Behavior change--Between 85% and 98% of the respondents who reported that they had made some changes in their behavior due to AIDS said that they were comfortable in discussing these topics with their partners.
- Sexual behavior--Between 79% and 96% of the respondents who had engaged in "unsafe" sexual behavior during the year prior to the survey said that they would be comfortable asking partners about these subjects. **Respondents indicated that they would have the most difficulty asking about sexually transmitted diseases (83%) and AIDS or HIV status (79%) while discussing condom use was the easiest topic to ask about (96%).**
- Belief in the efficacy of condoms--Respondents who said they believed that "latex condoms can reduce the chance of passing the AIDS virus from one partner to the other" also said they would feel comfortable asking their partners whether they had had sex with homosexual or bisexual men ($p = .007$), whether they are willing to use condoms ($p = .000$), and whether they have AIDS or are HIV+ ($p = .002$).
- Unsafe drug use--Those who had injected drugs in the past (more than a year before the survey) and those injecting drugs within the prior year were more likely

than the average respondent to feel comfortable discussing some, but not all, of these topics with their partners. They were most comfortable asking whether their partners injected drugs (80%-86%), whether their partners had had sexual contact with homosexual or bisexual men (80%-82%), whether they were willing to use condoms (87%-91%), and whether they had AIDS or were HIV+ (87%-90%).

- Knowing a PWA--Those knowing a PWA were more likely to be willing to ask whether their partners had AIDS or were HIV+. This variable was not correlated with any of the other items related to comfort in discussing risk factors with partners.
- Marital status--Being single (76%-88%) or living with a lover (81%-98%) was highly associated with increased comfort in discussing all six of these topics with partners. Single respondents and those living with a lover were least comfortable asking partners if they had AIDS--76% and 81% respectively--and most comfortable asking about willingness to use condoms.
- Parenthood--Those with children were more likely to feel more comfortable asking their partners about the number of past partners they'd had (85%), sexual disease (79%), injecting drugs (83%), and condom use (92%) than those without children.
- Personal vulnerability--Respondents (82%-95%) who felt highly vulnerable to AIDS were more likely to say they would be comfortable asking partners about all of these topics than those feeling less vulnerable.
- Education--There were no significant differences in the response of those who were high school graduates and those who had attended some college. However, less than half 43%-51%) of those with "less than a high school education" said they would feel comfortable discussing any of these topics with their partners.

TABLE 8.6--COMFORT IN DISCUSSING SEX AND DRUG USE WITH PARTNERS

QUESTION 27--Do you feel comfortable asking your sexual partners about the following things?

Activity	% Yes	% No	% Not Sure
Number of partners they have had	71.5	8.9	19.6
Whether they have had a sexual disease	69.7	10.7	19.6
Whether they inject drugs with a needle	71.5	6.5	22.0
Whether they have had sex with homosexual or bisexual men	69.7	6.2	24.0
Whether they are willing to use condoms	78.6	1.8	19.6
Whether they have AIDS or have tested positive for the HIV virus	67.3	11.7	21.0

8.7--Resistance to Condoms (V407-V420)

One question was designed to assess the extent of and rationale for, resistance to condom use. Respondents were asked to indicate whether they agreed with, disagreed with, or had no opinion about 13 statements about condoms. The statements addressed six reasons commonly used to justify non-use of condoms: lack of sensation or comfort; inconvenience or difficulty in obtaining condoms; partner characteristics; partner resistance; lack of competence; and morality.

8.7.1--Condoms Decrease Sensation and Comfort (V407, V408, V410, V412)

Four items assessed respondent opinion about whether condoms decrease sensation and comfort during sexual intercourse. Respondents failed to take a majority position on any of the four questions.

Several variables were associated with what might be called the "pro-condom" position--those who said that condoms did not decrease feeling, that they were not uncomfortable, that putting on a condom does not take the fun out of sex, and that oral sex can be fun even if semen is not swallowed. Influential factors included:

- Age--Younger respondents (18-29 and 30-39 years old) were more supportive of condom use.
- Behavior change--Those indicating that they had made some type of behavior change due to AIDS were more supportive of condom use..
- Sexual behavior--Respondents who had risky partners or who engaged in risky sexual behaviors were generally more supportive of condom use than those who only engaged in "safe" behavior. However, those reporting "possibly unsafe" sex were even more supportive of condom use than those reporting "unsafe" sex.
- Unsafe drug behavior--Respondents who engaged in unsafe drug use were more supportive of condom use.
- Education--Respondents who had less than a high school education were less supportive of condom use than those with more education.

8.7.2--Condoms are Immoral (V414)

A majority of the respondents (65%) disagreed with the statement that "using condoms (rubbers) is immoral."

Those less likely to believe condom use is immoral include 30-39 year olds; those reporting that they had made changes in their behaviors; those engaging in unsafe sexual behavior; those engaging in unsafe drug use; and, those with high scores on the personal vulnerability scale.

8.7.3--Condoms are Difficult or Embarrassing to Obtain (V411, V415, V416)

A majority of the respondents--between 65% and 82%--said that they did not believe condoms were embarrassing to buy, not available when needed, or difficult to obtain. Those less likely to believe that availability or embarrassment are significant constraints include: those 18-29 and 30-39 years old; those reporting behavioral changes due to AIDS; those engaging in unsafe sexual behaviors and unsafe drug behaviors; and those with high levels of personal vulnerability. Single respondents and those living with a lover were also more likely to deny that these are constraints.

In contrast, those with less than a high school education were more likely to believe that "condoms are not available when you need them" and that "it's embarrassing to buy condoms in a store."

8.7.4--Condoms are Not Needed with All Partners (V409, V419)

A bare majority (51%) of the respondents disagreed with the statement "condoms are not necessary when you only have sex with one partner" and 69% disagreed with the statement that "condoms are not needed with someone who had good hygiene."

Only those reporting "possibly unsafe" sexual behavior (e.g., oral sex) were more likely than other respondents to disagree with the first statement. In contrast, married respondents and those living with a lover were less likely to disagree with the statement--and more likely to feel that monogamy is an adequate protection against exposure to HIV.

Respondents who had made behavior changes, engaged in "possibly unsafe" sex, engaged in unsafe drug use, and feeling highly vulnerable were less likely to believe that good hygiene can be equated with low risk.

8.7.5--Partners Don't Like Condoms (V417, V418, V420)

Although 69% of the respondents were confident that their partners would not break up the relationship if they used condoms, they were less certain whether their partners were opposed to condom use and less willing to refuse to have sex if their partner refused to use a condom.

Confidence in the stability of the relationship was higher for those 18-29 and 30-39 year olds, those who'd made behavior changes, those who had "unsafe" sex, those who lived with a lover, and those who had children. Divorced and widowed respondents and those with less than a high school education were less confident that their partners would stay with them if they insisted on using a condom.

Respondents more likely to believe that their partners are supportive of condom use included: 30-39 year olds, those reporting changes in behavior, those engaging in "possibly unsafe" or "unsafe" sexual behavior or unsafe drug behavior during the prior year, those living with a lover, those earning more than \$24,000 per year, and those with a high level of personal vulnerability. Men were more likely to feel that their partners wanted to use condoms than women.

Willingness to refuse sex if their partner refused a condom was more likely for those who had injected drugs in the prior year, for parents and for women.

TABLE 8.7--RESISTANCE TO CONDOMS

QUESTION 29--As I read each of the following statements, please tell me whether you agree, disagree or have no opinion. How about . . . ?

Activity	% Agree	% Disagree	% No Opinion
Having to stop sex to put on a condom (rubber) takes the fun out of sex	37	32	31
Sex doesn't feel as good when you use a condom	40	28	32
Condoms are physically uncomfortable for me to use	27	36	37
Oral sex is no fun unless semen is swallowed	6	45	49
Using condoms is immoral	5	77	18
Condoms are not available when you need them	10	70	20
It's embarrassing to buy condoms in a store	17	65	18
It's hard to find places to buy condoms	3	82	15
Condoms are not necessary when you only have sex with one partner	35	51	14
Condoms are not needed with someone who has good hygiene	15	69	16
My partners do not want to use condoms	32	37	32
If I used condoms, my partner would break up the relationship	4	69	27
If I wanted to use a condom and my partner refused, I would still have sex with that person	35	41	24

8.8--Getting Condoms (V404-V406)

Three questions on the survey asked about condom purchase and acquisition during the year prior to the survey.

8.8.1--Purchasing Condoms (V404)

Thirty-seven percent (37%) of the respondents indicated that they had purchased condoms during the year prior to the survey. Those who were youngest were more likely than other respondents to have bought condoms--61% of those 18-29 years old and 44% of those 30-39. Respondents who'd changed behavior due to AIDS (56%); had "possibly unsafe" sex (50%) or "unsafe" sex (64%); reported unsafe drug use in the past (57%) or within the past year (53%); or who were single (54%) or living with a lover (52%) were more likely to have bought condoms. Men (52%) were also more likely to have bought condoms than women (24%).

Respondents with less than a high school education were much less likely to buy condoms (24%).

8.8.2--Free Condoms (V405)

Almost forty percent (39%) of the respondents reported that they had been given free condoms during the past year. Those more likely to have received free condoms included 18-29 and 30-39 years old (56% and 59% respectively); people who'd made behavioral changes in response to AIDS (58%); those reporting "unsafe" sexual behaviors (68%) or past (78%) or current (67%) unsafe drug use; those knowing a PWA (56%); single respondents (56%) or those living with a lover (56%); and those with high levels of personal vulnerability (57%). **Men (50%) were more likely than women (30%) to have been given condoms.**

Only 20% of those with less than a high school education reported that they had been given free condoms.

8.8.3--Frequency of Buying or Receiving Free Condoms (V406)

Of those who had either bought or received a condom during the 12 months before the survey, almost half (48%) had bought or been given condoms six or more times and 32% had done so more than 10 times. Those who had bought or received condoms most often were more likely to report engaging in "unsafe" sex (46%), and past (59%) or current (47%) unsafe drug use. They were also more likely to be living with a lover (47%).

8.9--Needle Cleaning (V472-V474)

Three items were designed to obtain information about the extent to which intravenous drug users cleaned their needles, the frequency of needle cleaning, and the factors associated with cleaning needles.

8.9.1--Needle Cleaning Prevalence (V472, V473)

Sixty percent of the intravenous drug users in the sample (N=26) said that they had used bleach to clean needles during the 12-month period prior to the survey and almost 1 in every 4 (24%) said they had also used other methods to clean needles. Variables associated with likelihood of cleaning needles included:

- Age--Older respondents--75% of those 30-39 and 80% of those over 40--were more likely to use bleach to clean needles than those 18-29 years old (14%). Age was similarly related to use of other needle cleaning methods.
- Behavior change--68% of those reporting that they had changed behavior due to AIDS used bleach.
- Unsafe drug use--83% of those reporting past unsafe drug use and 86% of those injecting drugs within the past year used bleach. Unsafe drug use was less strongly related to use of other methods to clean needles.
- Marital status--Married respondents (75%) and those living with lovers (86%) were more like to use bleach to clean needles. Those living with a lover were also more likely than other respondents to use other needle cleaning methods (43%).
- Parenthood--Respondents with children (70%) were more likely to clean needles with bleach than those who were not parents (50%). They were also more likely

than non-parents to use other methods of cleaning needles--40% to 13% respectively.

- Education--Those with less than a high school education were more likely to use bleach to clean needles (83%). Educational level did not distinguish between those who used other methods.
- Personal vulnerability--Respondents who felt highly vulnerable to AIDS were more likely to use bleach to clean their needles (68%) and less likely to use other methods (26%).

8.9.2--Frequency of Needle Cleaning (V474)

Over half (57%) of the intravenous drug users who responded to this question (N=22) said that they "always" cleaned their needles and 19% said they "never" cleaned needles. The remaining 24% reported that they cleaned their needles "most of the time" or "rarely."

Variables associated with propensity to clean needles included:

- Age--Sixty-seven percent (67%) of the 18-29 year old IVDUs said they never cleaned needles and the other 33% said they always cleaned needles. In contrast, 71% of the 30-39 year olds and 63% of those over 40 said they always cleaned their needles.
- Knowing a PWA--Sixty-seven percent (67%) of those knowing a PWA said they always cleaned their needles.
- Marital status--Sixty-seven percent (67%) of the married IVDUs and 80% of those who were divorced or widowed said they always cleaned their needles. Forty-three percent (43%) of the single IVDUs and 28% of those living with a lover reported that they rarely or never cleaned their needles.
- Gender--Seventy percent (70%) of the women said they always cleaned their needles as compared to 42% of the men.

8.10--Behavior Change Due to AIDS (V421-V429)

Nine items were used to identify and assess the extent to which respondents had made changes in their sexual and/or drug use behaviors in response to the AIDS epidemic. Six items focused on sexual behaviors and three on drug use.

Forty-seven percent (47.1%) of the respondents reported that they had made some change in behavior as a result of AIDS.

Variables associated with changes in behavior due to AIDS included:

- Age--Respondents who were 18-29 and 30-39 years old were somewhat more likely to report that they were choosing partners more carefully and using condoms more often. Those in the 30-39 year old age group were also more likely to report that they had stopped injecting drugs.
- Sexual behavior--Unsafe sexual behavior was found to be widely associated with changes in behavior including changes in drug using behaviors. Those reporting that they had engaged in unsafe sex--unprotected sex and/or sex with "risky" partners--were more likely to have made changes in all of the various behaviors listed except "stopping sex altogether." Possibly unsafe behavior was associated with having fewer partners, being more careful in choosing partners, using condoms more often, and using bleach to clean needles.
- Urine drug use--Having injected drugs in the past (but not within a year of the survey) and having injected drugs within the past year were both associated with greater likelihood of making each of the various kinds of changes in sexual or drug use behavior.
- Marital status--Respondents who lived with a lover were more likely to make changes in sexual and drug use behaviors--except for using spermicidal jellies or foams--than married, divorced or widowed respondents. Single respondents were also more likely to have fewer sexual partners, to be more careful in selecting partners, to use condoms more often, and, to lesser extent, to stop injecting drugs.
- Education--Having less than a high school education *decreased* the likelihood of making most kinds of changes in behavior.

TABLE 8.10--BEHAVIOR CHANGE DUE TO AIDS

QUESTION 30--Now I'll read a list of changes people sometimes make in their sexual or drug-using behaviors. For each one, please tell me whether or not it is something you have done because of AIDS, if it's something you did for some other reason, or if it did not happen. Have you:

Item	% Yes for AIDS
Had fewer sexual partners	25.4
Been more careful in choosing your sexual partners	40.1
Used condoms (rubbers) more often	27.1
Used spermicidal jelly, cream, foam, or sponge more often	5.6
Changed the kinds of sexual practices you engage in	13.0
Stopped having sex altogether	2.4
Stopped injecting drugs	1.8
Stopped sharing needles	3.8
Used bleach to clean needles	4.4

9.0--ANTIBODY TESTING

Three questions were aimed at finding out if respondents knew about the antibody test, if they had taken it, and, if they hadn't taken it, how likely they were to take it within a year.

9.1--Awareness of Antibody Test (V642)

Eighty-seven percent (87%) of the respondents said that they had heard "about the antibody test that tells you whether you have been exposed to the AIDS virus." The youngest group of respondents (18-29 years old) were most likely to have heard about the test, but the proportion of respondents who knew of the test was high among all age groups.

Those respondents who had made behavior changes were slightly more likely to have heard about the test (91%) as were those who had engaged in unsafe behavior (95%), those knowing a PWA (94%), and respondents who were married (96%) or living with a lover (90%). Respondents who felt highly vulnerable to AIDS were also more likely to know about the antibody test (92%).

Respondents with less than a high school education were significantly less likely to have heard about the test (68%).

9.2--Likelihood of Having Taken Antibody Test (V643)

Less than 1 of every 5 respondents (19%) had taken the antibody test. Younger respondents--18-29 and 30-39 year olds (24% and 22% respectively--were more likely to have taken the test than those over 40 (15%). Respondents who reported behavior changes (32%), "possibly unsafe" (25%) and "unsafe" (30%) sexual behavior, past (70%) and current (87%) unsafe drug use, and knowing a PWA (33%) were also more likely to have taken the antibody test--as were those who were living with a lover (41%).

Respondents who felt highly vulnerable to AIDS (33%) were likely to have taken the test and those with some college education (24%). In contrast, only 11% of those with less than a high school education were likely to have taken the test.

9.3--Likelihood of Taking Antibody Test in the Future (V644)

Only 7% of those who had not taken the antibody test said they very likely would take the antibody test in the future. Another 14% indicated that they were somewhat likely to take the test in the future. Taken together, only about 1 in every 5 (21%) of the respondents said the probability of taking the test was high.

About 25% of the youngest group--18-29 year olds--and 34% of the 30-39 year old respondents were very or somewhat likely to take the test, as were 33% of those reporting some behavior change due to AIDS. Seventeen percent (17%) of the respondents who had engaged in "possibly unsafe" sex said they were very likely to take the test and a total of 33% of those engaging in "unsafe" sexual behavior were very likely or somewhat likely to take the test. Knowing a PWA was also influential--34% of those who knew a PWA were very or somewhat likely to take it, as were 32% of those who lived with a lover. Respondents with children were almost twice as likely as those without children (28% and 15% respectively) to say they were very likely or somewhat likely to take the antibody test.

Respondents who felt highly vulnerable to AIDS were also more likely to report that they were very likely or somewhat likely to be tested.

None of the respondents who reported past or current unsafe drug use said they were either very likely or somewhat likely to be tested. Those with less than a high school education were also less likely to anticipate being tested.

10.0--EFFECTIVENESS OF PREVENTION EDUCATION

10.1--Exposure to AIDS Prevention Materials (V618)

Eighty-eight percent (88%) of the respondents recalled that they had received or seen AIDS prevention materials within the 12 months prior to the survey. None of the variables distinguished between subgroups of respondents.

10.2--Recall of Prevention Messages (V619-V635)

Respondents were asked if they recalled a variety of AIDS prevention messages that had been presented on television or radio, on brochures, buttons, posters, or other media. Seventeen messages were presented (including five false messages that were included as a reality check).

Recall levels ranged from 24% to 83%.

Several variables were related to message recall. The most significant was unsafe drug use. Those reporting that they had injected drugs both in the past (more than 12 months before the survey) and within the past 12 months had higher than average levels of recall for 10 of the 12 messages. Those respondents reporting that they had engaged in "possibly unsafe" sex also had high than average recall levels for 7 of the 12 messages--while "unsafe" sexual behavior was related to higher than average recall levels for three messages. Marital status was related to recall as well. Married respondents were also more likely to recall 6 of the 12 messages including those that mentioned women, children, and/or parents. Married respondents and those living with a lover were also more likely to recall messages that mentioned race--e.g., "You don't have to be white or gay to get AIDS" and "AIDS kills Black people too."

Respondents with less than a high school education were less likely to recall messages in 7 of the 12 cases--including those specifically aimed at Blacks and at parents (e.g. "AIDS kills women and children"). Having less than a high school education, however, was associated with increased recall in the case of the message "Hey there Bubba, you forgot your rubber."

Age was related to recall in several instances. Respondents who were 18-29 and 30-39 years of age were more likely to recall two messages, "Bleachman . . . clean it with bleach," and "Black people get AIDS too." those 30-39 years of age were also more likely

to recall "America responds to AIDS" and "Hey there Bubba, you forgot your rubber."
 Respondents more than 40 years old were more likely to recall "The AIDS Reality."

TABLE 10.2--RECALL LEVELS OF AIDS PREVENTION MESSAGES

QUESTION 38--In the past 12 months, do you recall seeing or hearing any of the following slogans or messages about AIDS?

Message	% Yes	% No	% Not Sure
Black people get AIDS too	83	14	3
Stop AIDS	81	15	4
AIDS kills women and babies	70	22	8
You don't have to be white or gay to get AIDS	63	28	9
Bleachman . . . clean it with bleach	61	34	5
America Responds to AIDS	57	32	11
The AIDS Reality	43	44	14
AIDS Facts for Californians	40	48	12
Why did my daddy die from AIDS?	36	57	7
Hey Bubba, you forgot your rubber	25	66	9
Don't let a perfect stranger love you to death	24	67	9
Guiding Light of a safer kind	15	76	9

10.3--Credibility of Information Sources (V636)

Respondents were asked who they would call if they had questions about AIDS. Each respondent was asked to identify their first, second, and third choices.

Fifty-seven percent (57%) identified public health professionals as their first choice. Those over 40 years old (67%) were more likely to call on health professionals than those 18-29 (54%) or 30-39 (42%) as were those who were divorced (66%) and those with less than a high school education (72%).

Several subgroups of respondents were less likely to call upon public health professionals--those who had engaged in unsafe sexual behaviors (48%), past unsafe drug use (41%) and current unsafe drug use (36%), parents (48%), and respondents who felt highly vulnerable (42%).

Another 30% of the respondents said they would first call an AIDS organization. Variables associated with this response included age--those 30-39 years of age said they were more likely to call upon an AIDS organization (45%); those who were married (42%); and, those feeling vulnerable to AIDS (45%). Women (35%) were more likely to call upon AIDS organizations than men (24%).

Six percent (6%) of the respondents said they would call friends or relatives first. Those 18-29 years old (10%) were more likely to do so than other age groups, as were those reporting "possibly unsafe" (13%) and "unsafe" (16%) sexual behaviors, and past (18%) or current (14%) unsafe drug use, and those who reported that they lived with a lover (13%). Men (10%) were more likely to ask friends or relatives than women (3%).

These same patterns prevailed when the respondents' second and third choices were analyzed as well.

11.0--ATTITUDES ABOUT THE BLACK COMMUNITY'S RESPONSE TO AIDS

Three questions sought to assess the respondents' attitudes about how the Black community can respond to the needs of Black people with AIDS.

11.1--Personal Feelings about Caring for People with AIDS (V560)

Respondents were asked if they "would feel all right caring for people with AIDS." Forty-two percent (42%) said that they would, 35% said that they would not and 22% had no opinion. Those who had engaged in unsafe drug use in the past (61%) and within the past year (67%) were more likely to say they would feel all right caring for PWAs. Those who were living with a lover (53%) were also more likely to feel all right about caring for PWAs as well.

11.2--Community Responsibility for AIDS Education (V561)

Respondents were asked whether they agreed with, disagreed with, or had no opinion about the statement. The Black community should be doing more to educate people about AIDS.

Ninety-three percent (93%) agreed with the statement, 1% disagreed, and 5% had no opinion. Men (89%) were slightly less likely to agree than women (96%).

11.3--Community Responsibility for Caring for PWAs (V562)

Respondents were asked whether they agreed with, disagreed with, or had no opinion about the statement. The Black community should be doing more to care for people with AIDS.

Eighty-three percent (83%) agreed, 4% disagreed, and 13% had no opinion. Those who were 18-29 years old (88%) were more likely to agree as were those who had engaged in past (91%) or current (93%) unsafe drug use, those knowing a PWA (89%), those living with a lover (92%), and those who feel very vulnerable to AIDS (92%).

**POLARIS/SAN FRANCISCO DEPARTMENT OF
PUBLIC HEALTH
BLACK HEALTH AND AIDS STUDY**

Survey Instrument (Second Year 1988)

BY THE SAN FRANCISCO DISTRICT COURT
IN AND FOR THE COUNTY OF SAN FRANCISCO
DOCKET NO. 12345

IN RE: ESTATE OF J. ROBERT SMITH

DEFINITIONS

TERM

DEFINITION

Anal sex	A man's penis placed in the anus of either a man or woman
Bisexual	Someone who has sex with both men and women
Body fluids	Blood, semen, vaginal fluid
Condom	A rubber (designed to slip over penis during sex)
Heterosexual	Any kind of sex with anyone of opposite sex
Homosexual	Any kind of sex with anyone of the same sex
Lesbian	A woman who has sex exclusively with women
Oral sex	The contact of a mouth with the sex organs of another person
Regular sex partner	The person you commonly have sexual relations with
Semen	The milky liquid (juices) which come from a man's penis after an orgasm (cum)
Sex	Placing of a penis in any opening of another person's body
Shooting Gallery	A place where people meet to share needles
Vagina	The opening of a woman's body where she has her period
Vaginal fluid	Clear liquid (juices) that comes from a woman's vagina
Vaginal sex	Man's penis inserted in a woman's vagina

